Use this form for ger		eport and committee i	nformat	ion, must be	e signed	and sub	mitted along with	other	Yes No No detailed forms.
Do not use this form	to upo	date information							
1. Committee Infor	matio	n							
a. Full Name								- (e. ID Number
Wetmore for Mayor									
b. Mailing Address (incl	ude Cit	y, State and Zip Code)			F P	E II W	1 E IN		l. Date Filed
PO Box 2262					50		The state of the s		09/05/2017
Hickory, NC 28603					SEP	0 5 20	117	-	e. Phone Number
				By					828-612-0415
2. Report Year	3. Per	riod Start Date (mm/c	ld/vv)	4. Period		ite	5. Treasurer Fu	II No	ıma
-		NUMBER OF STREET		(mm/dd/yy)			Ryan Patrick Ke		ine .
2017		07/25/2017	I		2 6 /2017				
6. Type of Committ				e of Report	t (c		ly one type of repo		
Candidate Campa PAC	ugn [Party Referendum	Municip	pal Organizationa	1	State/C		F	Referendum
Independent	ı						Organizational		Organizational
Expenditure	l	Joint Fundraiser		Thirty-five da	y	(Quarterly	L	Pre-referendum
Legal Expense Fu 7. Type of Fund		plicable, check one)		Pre-primary		П	First		☐ Final
"Booster Fund"	(g up)	oncubic, check one)	lН	Pre-election		H	Second		Supplemental Final
Building Fund				Pre-runoff			Third	١ċ	Annual
			_	Semi-annual			Fourth] [Special
Other:			님	Mid Yea			Semi-annual		
U Other:			님	Year End Final	1	님	Mid Year	1	0. Special Report Name
8. Number of Funda	raisers	this Report	H	Special		H ,	Year End Final		
			_	M*************************************			Special		
11. Account Inform	ation				11. A		nformation		
a. Financial Institution F	ull Nan	ne					tution Full Name		
Capital Bank									
b. Purpose		c. Account Code			b. Purp	ose			c. Account Code
Campain Financials		LSV	V						
		d. Period Begin Balance							d. Period Begin Balance
		\$ 9850.00							\$
CERTIFICATION									
I certify that the Com	mittee	or Fund is in complia	ance wit	h all applica	ble pro	visions c	of Article 22A, 22E	3, & 2	22D-22M of Chapter 163 of
the NC General Statu	ites and	d that no funds are co	mmingle	ed with proh	ibited o	r other n	on-disclosed fund	s. I fi	urther certify that this report
is complete, true and			trained	by the NC S	State Bo	ard of E	leetions.		
Ryan Patrick		ed Name of Signer		- 4	anoture o	f Annoint	ed Treasurer	09/0	05/2017 Date
FOR OFFICE USE O		ed I tallie of Bigliet		3.	ignature (Аррони	cu Treasurei		Date
Date Received:				Employee:				Del	ivery Method
Date Postmarked								H	Normal Mail Registered Mail
Date Postiliarked		**************************************		Employee:					Hand Delivered
Date Scanned:				Employee:				\mathbb{H}	Electronically Filed Signer has not received
Date Data Entere	d:			Employee:					mandatory training
Please Note: This	form	cannot be used to ame	end com	mittee infor	mation	such as t	the committee add	rocc ·	tuonnium nasiataut tuoria

Amendment

rease 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
Detailed Summary			Yes No
Use this form to summarize all disclosure reporting forms and	d to total monetary	information.	
1. Committee Full Name (and Fund if applicable) 2 Wetmore for Mayor			3. ID Number
wethore for Mayor	2017 35 Day Repo	ort	QDU5Y7
Start of Election Cycle: January 1,	2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 9850.00	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 9902.25	\$ 21998.81
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	ns <i>(CRO-1250)</i>	\$	\$
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)	\$ 9902.25	\$ 21998.81
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3689.87	\$ 5689.87
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)	\$	\$

13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3689.87	\$ 5689.87
13b) Contributions to Candidates/Political Committees	(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)	\$ 52.25	\$ 298.81
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 d	ınd 17)	\$ 3742.12	\$ 5988.68
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract l	ine 18)	\$ 15910.13	\$ 15910.13
ADDITIONAL INFORMATION			的研究 所提及差别不
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)	\$ 	\$

(CRO-1440)

(CRO-2220)

(CRO-1215)

\$

\$

\$

26) Forgiven Loans

27) 48-Hour Notice Reports Sum

28) Contributions to be Refunded

\$

\$

		m Individuals lividual contributions	over \$5	0 or cont	ributions	Pg s unde	1 or \$50 if form C	of <u>9</u> RO 1205 is	Amendmen Yes	
		(and Fund if applica						2. ID No		
Wetmor	re for Mayor									
3. Cont	ributor Informati	ion		Add		Ren	iove			
a. Full Na	ame, Mailing Address	& Phone		b. Job	Title/Profe	ssion		d. Comme	ents	
	e city, state, & zip)			Owne	r					
Louis W	coor outside earth pas				200-100 ± 000 US 8000					
	Street Place NW , NC 28601						cific Field			
828-612				Wetm	ore Med	liation		. Fl. d	C D .	22416-199-111106-2-1111
020 012	. 0115							e. Election	Sum to Date	
	- W							\$	10298.81	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descr	iption		j. Date (mm/dd/	уууу)	k. Amount	
	LSW	In-Kind	Star	nps for M	1ail		07/26/	2017	\$	49.00
	LSW	In-Kind	Wat	ter for Me	eeti		08/03	/2017	\$	3.25
				200					\$	
	ributor Informati			Add		Rem	ove			
10000 AND THE RESERVE	me, Mailing Address	& Phone			itle/Profes	ssion		d. Commer	nts	
Michele	Coudle			Nurse						
	Street NW			Anestl		/6	ele a Pieta	_		
	NC 28601				oyer's Nan na Anest			_		
828-327-				Caron	na Ancsi	iicsia	A550C.	e. Election	Sum to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Descri	iption		j. Date (mm/dd/y	ууу)	k. Amount	
	LSW	Check					07/25/2	2017	\$	250.00
									\$	
									\$	
	ibutor Informatio		\boxtimes	Add		Remo	ove			
	ne, Mailing Address &	& Phone		b. Job Ti	tle/Profes	sion		d. Commen	ts	
	city, state, & zip)					_				
Carolyn (Best A				_		
	NC 28601				yer's Nam	ie/Spec	ific Field	_		
mekory,	140 20001			Best A	uempi			a Flation 6	Sum to Date	
f. Prior	g. Account Code	h. Form of Payment	j. In-K	ind Descri	ntion	1	j. Date (mm/dd/y	\$	300.00 k. Amount	
	LSW	Check					07/25/2		\$	300.00
						-	31,2312		\$	500.00
						-			+	

\$

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9802.25

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

		m Individuals	over \$5	Pg O or contributions und			Amendmen Yes	
1. Com	nittee Full Name	(and Fund if applica	ble)	o or continuous dire	iei 450 ii ioiiii ei	2. ID Nu		
	e for Mayor			9				
	ributor Informati		\boxtimes	Add 🗌 Re	move			
The same transfer	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	nts	
	city, state, & zip)			Owner				
	B Roper Ave NW #45			. Family J. N. 16	.a. E. I.	_		
	NC 28601			c. Employer's Name/S Illuminatus Marke		-		
888.767.				manmatus Marke	ung	e. Election	Sum to Date	
						\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	LSW	Check			07/26/2	2017	\$	1000.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Rei	nove			
	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Commer	nts	
	city, state, & zip)			Senior Advisor				
5 Pathfin	E. Fienning					1		
	SC 29150			c. Employer's Name/Sp Sumter Packaging	ecific Field	-		
469-0684				Corporation		e. Election	Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description	j. Date (mm/dd/yy	(vv)	k. Amount	
	LSW	Check			07/26/2		\$	250.00
							\$	
							\$	
3. Contri	ibutor Informatio	n		Add Ren	nove			
	ne, Mailing Address &			b. Job Title/Profession	nove	d. Commen	ts	
	city, state, & zip)	where white a decision metric		Executive				
Boyd L. C								
	Street Place NW			c. Employer's Name/Sp	ecific Field			
ніскогу,	NC 28601			Alex Lee		- Floring	2 D. /	
						e. Election S	Sum to Date	
f. Prior	a toonint Code	h Form of Daniel	1	- 15	T	\$	500.00	
	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy		k. Amount	20,000,000,000,000
	LSW	Check			07/31/20	017	\$	500.00
							\$	
4 m : 1	1 0 5						\$	
4. I otal	only this Page					\$	1.	1750.00

5. Total of ALL CRO-1210 Pages

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1750.00

		m Individuals			122 121	Pg	<u>3</u> 0	f <u>9</u>	Amendm Y	ient 'es 🛭 N
1. Comr	nittee Full Name	dividual contributions e (and Fund if applica	over \$5	0 or cont	ributio	ns und	er \$50 if form Cl			
	e for Mayor	cana runa n appnea	ibie)					2. ID N	umber	
	ibutor Informat	ion		Add		D				
	me, Mailing Address				Litle/Pro		nove	T		
	city, state, & zip)	C I none		Physic		ression		d. Commo	ents	
Glenn Pa				Tilysi	Ciali					
	Avenue Place NV	V		c. Empl	over's N	lame/Sn	ecific Field	-		
	NC 28601						thestist			
				Assoc		a 7 mes	triestist	e. Election	Sum to Date	
				11000						
f. Prior	a Assount Code	l F- cp	т				T	\$	1000.00	
1. Frior	g. Account Code	h. Form of Payment	ı. In-l	Kind Descr	ription		j. Date (mm/dd/y		k. Amoun	t
	LSW	Credit					07/31/2	2017	\$	1000.00
									\$	
									\$	
	ibutor Informati			Add		Ren	nove			
	ne, Mailing Address	& Phone		b. Job T	itle/Pro	fession		d. Comme	nts	
	city, state, & zip)									
	Roseman Jr			CEO						
PO Box 2							ecific Field	4		
828-328-	NC 28603			CR La	ine Co	•				
020-320-	1831							e. Election	Sum to Date	
								\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Cind Descr	iption		j. Date (mm/dd/y	yyy)	k. Amount	t
	LSW	Check					08/01/2	017	\$	1000.00
									\$	
									\$	
3. Contri	butor Informati	on		Add		Rem	ove			
	ne, Mailing Address	& Phone		b. Job T	itle/Prof	ession		d. Commer	nts	
	city, state, & zip)			Doctor	of De	ntal				
David Da				Surger						
413 North							cific Field			
	, NC 28036			Foothi	lls Ora	l				
828-322-	1667			Surger	у			e. Election	Sum to Date	
								\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	уу)	k. Amount	
	LSW	Check					08/02/2	017	\$	500.00
					<u> </u>				\$	
									\$	
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Amendment

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

		m Individuals	over \$5		g nder \$	_4 of 550 if form CR		Amendmer Yes Ot used	_
		(and Fund if applica					2. ID Nui		
Wetmore	e for Mayor								
3. Conti	ibutor Informati	on	\boxtimes	Add R	emov	ve			
	me, Mailing Address	& Phone		b. Job Title/Professio	n		d. Commen	its	
	city, state, & zip)			Best Attempt	/				
	H. Gibbs Street NW			F. I. I. N.	· ·		4		
	NC 28601			c. Employer's Name/S Best Attempt	Specii	ic Field	-		
828.324.				Dest Attempt			e. Election S	Sum to Date	
							\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j.	. Date (mm/dd/y	ууу)	k. Amount	
	LSW	Check				08/02/2	2017	\$	100.00
								\$	
								\$	
3. Contr	ibutor Informatio	on	\boxtimes	Add Re	emov	re			
a. Full Na	me, Mailing Address &	& Phone		b. Job Title/Profession	n		d. Commen	ts	
	city, state, & zip)			Best Attempt	/				
Joe C. Re							1		
PO Box	NC 28603			c. Employer's Name/S	Specifi	ic Field			
828.628.				Best Attempt			a Flation C	Sum to Data	
020.020.	1000						e. Election S	sum to Date	
							\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j.	Date (mm/dd/yy	уу)	k. Amount	
	LSW	Check				08/02/2	017	\$	500.00
								\$	
				50				\$	
3. Contri	butor Informatio	n	\boxtimes	Add 🗌 Re	emove	е			
	ne, Mailing Address &	& Phone		b. Job Title/Profession	n		d. Comment	s	
	city, state, & zip)			Best Attempt	_				
Charles C									
	Ave Dr NE			c. Employer's Name/S	pecifi	c Field			
піскогу,	NC 28601			Retired			FI .1 0		
							e. Election S	um to Date	
			T				\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Description	j.	Date (mm/dd/yy	yy)	k. Amount	
	LSW	Check				08/02/20	017	\$	200.00
								\$	
								\$	

(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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		m Individuals	over \$5	0 or conti	ributio	Pg 1s unde	_5 of er \$50 if form CR		Amendmen Yes	·
		(and Fund if applica						2. ID Nu		
Wetmore	e for Mayor									
3. Contr	ibutor Informati	on		Add		Ren	nove			
	me, Mailing Address	& Phone		b. Job T	itle/Pro	fession		d. Commer	ıts	
Patrick J	city, state, & zip)			Manag	gement					
	Ave Ct. NW			c Empl	over's N	ame/Sn	ecific Field	+		
	NC 28601				Manag		teme Field	1		
					J			e. Election	Sum to Date	
								\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Descr	iption		j. Date (mm/dd/y	yyy)	k. Amount	
	LSW	Check					08/06/2	017	\$	1000.00
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	ibutor Informatio			Add		Rem	ove			
	ne, Mailing Address	& Phone		b. Job T				d. Commen	ts	
	Bronnenberg			Financ	ial Ad	visor				
PO Box				c. Emple	ver's N	ame/Sne	cific Field			
Hickory,	NC 28603			Four C				1		
				Manag	gement			e. Election S	Sum to Date	
								\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Descri	ption		j. Date (mm/dd/yy	ууу)	k. Amount	
	LSW	Check					08/08/2	017	\$	200.00
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	butor Informatio		\boxtimes	Add		Remo	ove			
	ie, Mailing Address &	2 Phone		b. Job Ti	tle/Prof	ession		d. Comment	ts	
Charles E	city, state, & zip)			MD						
625 3rd St				c. Emplo	ver's Na	me/Spe	cific Field	3.60		
	NC 28601			Retired		меюре	Tield			
								e. Election S	Sum to Date	
								\$	150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Descri	ption		j. Date (mm/dd/yy	yy)	k. Amount	
	LSW	Check					08/09/20	017	\$	150.00
									\$	
			1					ALTERNATION OF THE PARTY OF THE		

(This line must be on line 6 of Detailed Summary Page CRO-1100)
CRO-1210

4. Total only this Page

5. Total of ALL CRO-1210 Pages

1350.00

		m individuals	72	Pg	<u>6</u> 0	f <u>9</u>	Yes	No No
		dividual contributions (and Fund if application)		0 or contributions und	ler \$50 if form C			
	. 40	(ани гини и аррис	able)			2. ID Nu	mber	
Wetmor	e for Mayor							
	ributor Informat			Add 🗌 Re	move			
	ame, Mailing Address	& Phone		b. Job Title/Profession		d. Commer	nts	
John Te	e city, state, & zip)			Executive Vice				
i - 성강원원회원(14 19.1% [1	g Sky Lane			President	16 E 11	_		
	, NC 28602			c. Employer's Name/S Pepsi-Cola	pecific Field			
	, 110 20002			1 epsi-cola		e. Election	Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
Ц	LSW	Credit			08/09/	2017	\$	500.00
							\$	
							\$	
3. Contr	ibutor Informati	on		Add ☐ Rei	nove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession	10,10	d. Commen	ıts	
(include	city, state, & zip)	15 13-2000		Teacher		- ur commen		
Gerald C								
	ehurst Rd			c. Employer's Name/Sp	ecific Field			
Hickory,	NC 28601			Retired				
						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	LSW	Check			08/11/2	2017	\$	100.00
							\$	
							\$	
	ibutor Informatio			Add Ren	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	is	
	city, state, & zip)			Best Attempt				
Bobby Bo	oyd treet Place NE							
	NC 28613			c. Employer's Name/Spe Retired	ecific Field	-		
	110 20015			Retired		e. Election S	um to Data	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy		k. Amount	
	LSW	Check			08/11/2		\$	100.00
							\$	
							\$	
4. Total	only this Page	•				\$	V	700.00
5. Total	of ALL CRO-	-1210 Pages				. ^	0 -19	
(This line	must be on line 6 of 1	Detailed Summary Page C	RO_1100)			\$ ()	402	9802.25

Contributions from Individuals

Amendment

		m Individuals		Pg	g <u>7</u> o	r <u>9</u>	Amendmen Yes	
Use this	form to report inc	lividual contributions	over \$5	0 or contributions und	der \$50 if form CI	RO 1205 is n	ot used	
1. Com	mittee Full Name	(and Fund if applica	able)			2. ID Nu	mber	
Wetmor	e for Mayor							
	ributor Informat			Add Re	emove			
	me, Mailing Address	& Phone		b. Job Title/Profession	1	d. Commer	ıts	
	e city, state, & zip)			Banker	222-21-21-2			
All market and the second	M. Snipes Street NW			<u> </u>		4		
	, NC 28601			c. Employer's Name/S Retired	pecific Field	-		
THEKOTY	, 110 20001			Retifed		e Flection	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	LSW	Check			08/14/2		\$	100.00
							\$	
				~~~			\$	
	ibutor Informati				move			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	e city, state, & zip) e D. Binkley			Best Attempt				
	venue Court NE			c. Employer's Name/Sp	necific Field	1		
Hickory,	NC 28601			Retired	peeme rieu	1		
						e. Election S	Sum to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/yy	/yy)	k. Amount	
	LSW	Check			08/14/	17	\$	100.00
							\$	
Ш							\$	
3. Contri	ibutor Informatio	on	$\boxtimes$	Add Rer	nove			
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	s	1
	city, state, & zip)			Dentist				
Coke Gui	reet Place NE							
	NC 28613			c. Employer's Name/Sp Self	ecific Field			
conorci,	110 20015			Sell		e. Election S	um to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	LSW	Check			08/14/20		\$	500.00
							\$	

4. Total only this Page

5. Total of ALL CRO-1210 Pages

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

700.00

9802.25

\$

\$

## Amendment **Contributions from Individuals** Yes Pg 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)

Wetmore	e for Mayor	00 00 10							. A.	
3. Contr	ributor Informatio	ion	$\boxtimes$	Add		Ren	nove			
	me, Mailing Address				Title/Profe			d. Commer	nts	
	e city, state, & zip)			Furni						
John Bra					ufacturing					
	Ave NW				ployer's Nar	me/Sp	ecific Field	]		
Hickory,	, NC 28601			Vang			TO SEE SHILL HOUSE FOR			
				Furni	iture			e. Election	Sum to Date	
		- April 1980						\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Desc	cription		j. Date (mm/dd/yy	/yy)	k. Amount	
	LSW	Check					08/18/20	017	\$	300.00
									\$	
									\$	
	ibutor Informatio			Add		Rem	iove			
	me, Mailing Address &	& Phone			Title/Profes	ssion	17 (42)	d. Commen	its	
	city, state, & zip)			Best /	Attempt	/	ê			
Cherrie Y										
	Ave Dr NW				oloyer's Nan	ne/Spe	cific Field	1		
Ніскогу,	NC 28601			Best A	Attempt		1			
							1	e. Election	Sum to Date	
* T. J	T	<del></del>						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Descr	ription		j. Date (mm/dd/yyy	уу)	k. Amount	
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									\$	
							ĺ		\$	
3. Contri	ibutor Informatio	on		Add		Remo	ove			
	ne, Mailing Address &				Title/Profess	14/03/24/03/24/24	J	d. Comment	40	
	city, state, & zip)		1		Attempt	MUL.		u. Commen.	18	
Richard N	M. Garlitz				1	/	1	Î		
	rel Ridge Rd		ſ	c. Empl	loyer's Nam	ie/Spe	cific Field	l		
Hickory, 1	NC 28601		1	Retire						
			1	1				e. Election S	Sum to Date	
								\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Cind Descri	ription		j. Date (mm/dd/yyy	yy)	k. Amount	
	LSW	Check					07/28/20		\$	250.00
									\$	
									\$	
1. Total	only this Page	è						\$	V	1050.00
5. Total	of ALL CRO-	-1210 Pages						- /	20 25	
		Datailed Summan Page CD	20 1100					\$ (	Mang a	9802.25

## Amendment **Contributions from Individuals** Pg of 9 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 Wetmore for Mayor 3. Contributor Information X Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **CPA** Doug Bishop 4142 1st Street Place NW c. Employer's Name/Specific Field Hickory, NC 28601 Self e. Election Sum to Date \$ 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount LSW Check 08/25/2017 \$ 100.00 \$ \$ 3. Contributor Information $\boxtimes$ Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d Comments

er's Name/Specific Field
er's Name/Specific Field
er's Name/Specific Field
e. Election Sum to Date
\$ 250.00
tion j. Date (mm/dd/yyyy) k. Amount
08/25/2017 \$ 250.00
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Remove
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r's Name/Specific Field
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ion j. Date (mm/dd/yyyy) k. Amount
08/28/2017 \$ 100.00
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\$ \sqrt{450.00}
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\$ 9902 9802.25
rd of Elections April 2007
[[

D: 1					Amendment			
Disbursements	Pσ	1	of	1		Yes	$\boxtimes$	No
Use this form to report expenditures from the committee for expending		<u> </u>		<u>.</u>	—			110

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 Wetmore for Mayor 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 b. Coordinated Committee Name d. Comments (include city, state, & zip) Campaign Shampo Enterprises Marketing 682 22nd Ave NE Apt H c. Level Registered (Specify) Hickory, NC 28601 Federal County: State Municipality: e. Election Sum to Date 3530.50 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks LSW Campaign Check A 08/15/2017 \$1530.50 Marketing 4. Payee Information X Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) On Point Wraps & Graphics Yard Signs 703 St. James Church Rd c. Level Registered (Specify) Newton, NC 28658 Federal County: 828-855-6738 State Municipality: e. Election Sum to Date \$ 1755.00 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks Yard Signs LSW Check A 08/04/2017 \$1755.00 4. Payee Information X Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Meet & Greet Wood Restuarant Food 2039 N. Center St Suite A c. Level Registered (Specify) Hickory, NC 28601 Federal County: 828-328-3432 Municipality: State e. Election Sum to Date \$ 404.37 f. Account Code h. Purpose Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks food for Meet & LSW Check 0 08/28/2017 \$404.37 Greet \$ 5. Total only this Page \$ 3689.87 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) 3689.87 (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

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

					Amenament		
In-Kind Contributions	Pg	1	of	-			
Use this form to report non-monetary contributions, donations, go	ods or services pr	ovided	to the c	commit	tee or fi	und.	

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)				2. ID	Number		
Wetmore for Mayor		- TO - ST					
3. Contributor Information Add	Remove						
a. Full Name, Mailing Address & Phone		_	ontributor	c. Con	nments		
(include city, state, & zip)		22222	vidual				
Louis Wetmore			lidate				
4152 1st Street Place NW		Party PAC					
Hickory, NC 28601			4 Flor	ction Sum to Date			
828.612.0415	Referendum  Other Receipt Source			u. Eice	cuon sum to Date		
				\$	298.81		
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount		
	Stamps For Mailers				\$ 49.00		
Water for Campaign Worker Meeting			08/03/17		\$ 3.25		
					\$		
	Remove						
a. Full Name, Mailing Address & Phone			ontributor	c. Con	nments		
(include city, state, & zip)	- =		vidual				
			didate				
		Party					
	PAC Referendum			d Ele	ction Sum to Date		
			er Receipt Source		cuon Sum to Date		
		U.I.	r Receipt Boulet	\$			
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount		
					\$		
					\$		
					\$		
3. Contributor Information Add	Remove						
a. Full Name, Mailing Address & Phone				c. Comments			
(include city, state, & zip)	- =		vidual				
			lidate				
	_	Party PAC					
	Referendum Other Receipt Source			d Fle	ction Sum to Date		
				\$	tuon Sum to Date		
e. Description	1		f. Date (mm/dd/yyy		g. Fair Market Amount		
e. Description			I. Date (limi/du/j)	(3)	\$		
	-				\$		
					\$		
4. Total only this Page				\$ v	<b>/</b> 52.25		
5. Total of ALL CRO-1510 Pages				\$	52.25		