| Disclosure Report Cover | Amer | ndment Yes | \boxtimes | No |
|---|---------|---------------|-------------|----|
| Use this form for general report and committee information, must be signed and submitted along with | other d | letailed form | ıs. | |
| Do not use this form to update information | | | | |

| 1. Committee Informa | | 学校的图象 的形式。 | 中国之中,可以中 | 品数的100mm/200mm/200mm | |
|---------------------------------|--|---|---|--|--|
| a. Full Name | ation | | | | c. ID Number |
| Wetmore for Mayor | EN SOX DESCRIPTION THE TREATMENT OF THE | Manager and the party of second and the | | | QDU5Y7 |
| | | DEP | BIN BI | 5] | |
| | le City, State and Zip Code) | | | | d. Date Filed |
| PO Box 2262 Hickory NC 28603 | | NON | 1 6 2017 | | 11/16/2017 |
| | | | | | e. Phone Number |
| | | Ву | | | 828-612-0415 |
| | | 4. Period I | Twd Doto | | The state of the s |
| 2. Report Year 3. | . Period Start Date (mm/d | d/yy) (mm/dd/yy) | and Date | 5. Treasurer Ful | l Name |
| 2017 | 09/26/2017 | 10/2 | 3/2017 | Ryan Patrick Kel | ly |
| 6. Type of Committee | e (Check One) | 9. Type of Report | (check on | ly one type of repor | t from one category) |
| Candidate Campaign | | Municipal | State/C | | Referendum |
| PAC Independent | Referendum | Organizational | | Organizational | Organizational |
| Independent Expenditure | Joint Fundraiser | Thirty-five day | | Quarterly | Pre-referendum |
| Legal Expense Fund | | The state of | | | |
| | (if applicable, check one) | Pre-primary | | First | Final |
| "Booster Fund" Building Fund | | Pre-election Pre-runoff | | Second Third | Supplemental Final Annual |
| Building rund | | Semi-annual | 18 | Fourth | Special |
| | | Mid Year | - | Semi-annual | |
| Other: | | Year End | | Mid Year | 10. Special Report Name |
| | | Final | | Year End | |
| 8. Number of Fundra | isers this Report | Special | | Final | |
| | | | | Special | |
| 11. Account Informat | CONTRACTOR OF STREET, | | 11. Account | AUXOL III III III III | |
| a. Financial Institution Ful | ll Name | | a. Financial Inst | titution Full Name | |
| Capital Bank b. Purpose | c. Account Code | | b. Purpose | | c. Account Code |
| Campaign | | Maria Iran Gorgest Davidson | | | |
| | LSV | V | | | |
| | d. Period Begin Balance | | | | d. Period Begin Balance |
| | \$ 5862.40 | | | | s |
| CDD TYPIC (TYPIC) | STATE OF THE STATE | | | NUMBER OF THE STATE OF THE STATE OF | |
| CERTIFICATION | | | la a mandalana | of Auticle 22 A 22F | 9 8 22D 22M of Chapter 162 of |
| the NC General Statute | nittee or Fund is in compil | ance with all applica | ibited or other | non-disclosed fund | 3, & 22D-22M of Chapter 163 of s. I further certify that this report |
| is complete, true and co | correct and that I have been | trained by the NC S | State Board of | Elections. | s. r taraner certify that this repetit |
| Ryan Patrick | | 1 | 711/100 | | 11/16/2017 |
| | Printed Name of Signer | 105 | ignature of Appoin | nted Treasurer | Date |
| FOR OFFICE USE ON | ILY | | | | Daliyawa Mathad |
| Date Received: | | Employee: | | A STATE OF THE STA | Delivery Method Normal Mail |
| | | | | | Registered Mail |
| Date Postmarked: | | Employee: | | | Hand Delivered |
| Date Scanned: | | Employee: | | | Electronically Filed |
| | | | | 14.00-26.00/40.7 | Signer has not received mandatory training |
| Date Data Entered | d: | Employee: | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | manuatory training |
| | | Market State Control of the Control | THE STATE OF THE STATE OF | resultation and the comment of the | |
| Please Note: This | form cannot be used to am | end committee infor | mation such as | s the committee add | ress, treasurer, assistant treasurer. |
| Please Note: This | form cannot be used to am custodia | end committee informat | | | ress, treasurer, assistant treasurer, |

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

Amendment \boxtimes Yes No

| | 2. Type of Report | 和政治 | を対する。 | 3. ID Nu | |
|--|-------------------|----------|-----------------------------|---------------|------------------------|
| Wetmore for Mayor | 2017 Pre Election | | | QDU5YI | 7 |
| Start of Election Cycle: January 1, | 2017 | | Total this | | Total this |
| 4) Cash on Hand at Start | | \$ | Reporting Period 5862.40 | \$ | Election Cycle 0.00 |
| RECEIPTS | | | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | | \$ | 20.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ | 11500.00 | \$ | 34946.81 |
| 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 Organizat | ions (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, 1. | lc, 11d and 11e) | \$ | 11500.00 | \$ | 34966.81 |
| EXPENDITURES | | | | | |
| 13) Disbursements | | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | 14063.00 | \$ | 31368.60 |
| 13b) Contributions to Candidates/Political Commi | | \$ | | \$ | |
| 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) | \$ | | \$ | 298.81 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1 | | \$ | 14063.00 | \$ | 31667.41 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then suit | htract line 18) | \$ | 3299,40 | \$ | 3299.40 |
| ADDITIONAL INFORMATION | (GDQ 1330) | . | | Educat | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | | | |
| 21) Outstanding Loans (incl. ones from other campaig | | \$ | | | |
| 22) Debts and Obligations owed By the Committee | (CRO-1610) | \$ | | | |
| 23) Debts and Obligations owed To the Committee | (CRO-1620) | \$ | | 16.75 | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ | | | |
| 25) Administrative Support | (CRO-1710) | \$ | | \$ | |
| 26) Forgiven Loans | (CRO-1440) | \$ | | \$ | |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ | | \$ | |
| 28) Contributions to be Refunded CRO-1100 NC State Board of Ele | (CRO-1215) | \$ | | \$ | August 2008 |

| Con | tribution | e from | Individuals |
|------|-----------|--------|-------------|
| COII | undunon | s irom | Individuals |

| m4 | | | | | Amei | ndment | |
|-------------------------------|----|---|-------|---|------|--------|------|
| ontributions from Individuals | Pg | 1 | of | 3 | | Yes 🖂 | No |
| 41 . 6 | | | - 200 | | | | 1000 |

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 QDU5Y 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Chairman Pope Shuford 715 8th AVE NW c. Employer's Name/Specific Field Hickory NC 28601 Shurtape e. Election Sum to Date \$ 500.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount П LSW Check 09/28/2017 \$ 500.00 \$ \$ 3. Contributor Information Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) CEO Roy Calcagne 4132 1st ST PL NW c. Employer's Name/Specific Field Hickory NC 28601 Craftmaster e. Election Sum to Date \$ 200.00 f. Prior g. Account Code h. Form of Payment i, In-Kind Description j. Date (mm/dd/yyyy) k. Amount LSW Check 09/26/2017 \$ 200.00 \Box \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) Physician Tom Foster 1309 10th ST PL NW c. Employer's Name/Specific Field Hickory NC 28601 Retired e. Election Sum to Date \$ 150.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount LSW Check 10/06/2017 \$ 150.00 \$ \$ 4. Total only this Page \$ 850.00 5. Total of ALL CRO-1210 Pages \$ 11500.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

| | | | | Ame | ndment | | |
|----|----|----|----|-----|--------|-------------|----|
| Pg | _2 | of | 3_ | | Yes | \boxtimes | No |

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

| 1. Comm | ittee Full Name (| and Fund if applical | ole) | | CHANNE STREET | 2. ID Nun | nber | | |
|----------------------------|------------------------|--|---------|---|---|---|-------------|---|--|
| Wetmore | for Mayor | | | | | | QDU5Y7 | • | |
| 3. Contri | butor Informatio | on Taranta | | Add Re | move | Pur S | | 建筑地 | |
| | ne, Mailing Address & | PARTICULAR STATES SELECTION AND AND ADDRESS SELECTION. | | b. Job Title/Profession | 医中央性的 (A. C. | d. Commen | ts | | |
| | city, state, & zip) | | | Owner | | | | | |
| Louis We | tmore | | | | | | | | |
| 4152 1st S | ST PL NW | | | c. Employer's Name/S | pecific Field | | | | |
| Hickory 1 | | | | Wetmore Mediation | on | | | ana agracana again an marana ara | |
| 828-612-6 | 0415 | | | | | e. Election S | um to Date | | |
| | | | | | | \$ | 20298.8 | 1 | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-K | Lind Description | j. Date (mm/dd/y | ууу) | k. Amoun | t Company | |
| | LSW | Check | | | 10/01/2 | 2017 | \$ | 10000.00 | |
| | | | | | | | \$ | | |
| | | | | | | _ | \$ | | |
| 3. Contri | butor Informatio | on Salar | 是国领 | Add 🗀 Re | move | | | 2 2 20 30 30 30 30 30 30 30 30 30 30 30 30 30 | |
| a. Full Nan | ne, Mailing Address | & Phone | | b. Job Title/Profession | | d. Commen | ts | 3.1.60年的765年 | |
| (include | city, state, & zip) | | | Real Estate | | | | | |
| James Ta | rlton | | | | | | | | |
| 4340 4th S | ST CIR NW | | | c. Employer's Name/S | pecific Field | | | | |
| Hickory 1 | NC 28601 | | | Shook & Tarlton | | TO THE RESERVE OF THE PARTY OF | | | |
| | | | | | | e. Election S | Sum to Date | | |
| | | | | | | \$ | 300.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i, In-k | Kind Description | j. Date (mm/dd/y | ууу) | k. Amoun | t | |
| | LSW | Check | | | 10/06/2 | 2017 | \$ | 300.00 | |
| | | | | | | | \$ | | |
| | | | | | | | \$ | | |
| 3. Contri | butor Informatio | on | | Add 🗌 Re | move | 機用級 | 1 | 萨科维拉 | |
| a. Full Nan | ne, Mailing Address | & Phone | | b. Job Title/Profession | | d. Commen | ts | 特官學學是 | |
| | city, state, & zip) | | | Executive | | | | | |
| G. Leroy | | | | | | | | | |
| 2250 HW | | | | c. Employer's Name/S | pecific Field | 9 | | | |
| Hickory 1 | NC 28602 | | | HFM | | The state of | t. D | Mars and the American | |
| | | | | | | e. Election S | oum to Date | THE PROPERTY OF | |
| | | | | У. | | \$ | 500.00 | | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-k | Kind Description | j. Date (mm/dd/y | | k. Amoun | | |
| | LSW | Check | | | 09/26/2 | 2017 | \$ | 250.00 | |
| | | | | | | | \$ | | |
| | | | | , | | | \$ | | |
| March and American Company | only this Pag | | 3 | W. A. | 4: 4: | \$ | | 10550.00 | |
| 5. Total | of ALL CRO | -1210 Pages | 1. 1. | S. S | | \$ | | 11500.00 | |
| (This line | e must be on line 6 of | Detailed Summary Page C | RO-1100 | | | 4 | | | |

| | | | | | Amei | ndment | | |
|--|---------|-------------|-------|------------|---------|--------|-------------|----|
| Contributions from Individuals | Pg | _3 | of | 3 | | Yes | \boxtimes | No |
| Use this form to report individual contributions over \$50 or contribution | s under | \$50 if for | m CRO | 1205 is no | ot used | | | |

| 1. Comm | ittee Full Name (| and Fund if applicable |)主发音中性展现在目標。 | 的地域的 | 2. ID Nun | iber |
|------------|---------------------------------------|---------------------------|--|------------------|-----------------|--------------|
| Wetmore | for Mayor | | | | | QDU5Y7 |
| 3. Contri | butor Informatio | on | Add . Re | move | | 生物的原则 |
| | ne, Mailing Address & | & Phone | b. Job Title/Profession | | d. Comment | Š 4. |
| | city, state, & zip) | | Sales Associate | | | |
| Wendell (| crammer ing Creek Rd | | c. Employer's Name/S | pecific Field | | |
| Hickory 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | LBR Sales | | | |
| | | | | | e. Election S | um to Date |
| | | | | | \$ | 100.00 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/y | ууу) | k. Amount |
| | LSW | Check | | 10/06/2 | 2017 | \$ 100.00 |
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| | ne, Mailing Address | & Phone | b. Job Title/Profession | | d. Comment | ts |
| (include | city, state, & zip) | | | | | |
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| | | | c. Employer 3 Namers | pecinic ricid | | |
| | | | 1 1 | | e. Election S | Sum to Date |
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| 4. Total | l only this Pag | e | A STATE OF THE STA | | \$ | 100.00 |
| 5. Total | of ALL CRO | -1210 Pages | eption . | | \$ | 11500.00 |
| (This line | e must be on line 6 of | Detailed Summary Page CRO | 0-1100) | | | . 1200.00 |

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) | 会是为一个人的一种的 | 全年對於日本中的 | 2. ID Number |
|--|---------------------------------|--|--|--|--|
| Wetmore for M | | | | | QDU5Y7 |
| 3. Type of Disb | | | RO-1310 forms for each t | | |
| Operating I | | | ndidates/Political Committees | | ordinated Party Expenditures |
| 4. Payee Inform | | 學就學學修圖著 | Add | Remove | |
| | ing Address & Phone | | b. Coordinated Committee N | ame | d. Comments |
| (include city, state, Shampo Enterp | | | | | Campaign |
| 682 22 nd AVE | | | c. Level Registered (Specify) | general temperature | 4 |
| Hickory NC 28 | | | Federal | County: | 1 |
| 111011017 110 20 | 001 | | State | Municipality: | e. Election Sum to Date |
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| | | | | | \$ 17142.38 |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks |
| LSW | Check | A | 10/20/2017 | \$13445.00 | Campaign |
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| 4. Payee Inform | nation | | Add | Remove | |
| A STORY OF THE PARTY AND A STORY OF THE PARTY OF THE PART | ing Address & Phone | | b. Coordinated Committee N | | d. Comments |
| (include city, state, | | | b. Coordinated Committee 14 | | u. Comments |
| Print Image | CC Zap) | | 1 | | |
| PO Box 1170 | <i>J.</i> | | c. Level Registered (Specify) | | |
| Newton NC 28 | 658 | | Federal | County: | |
| 245544 644 1466 C 115545 1454 145 145 145 145 145 145 145 | | | State | Municipality: | e. Election Sum to Date |
| | | | | | \$ 618.00 |
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| LSW | Check | В | 09/29/2017 | \$618.00 | Shirts |
| 1 = 2,599 pb | | | | | |
| | | | | \$ | |
| 4. Payee Inform | nation | 对规则外别国员 | Add | Remove | The state of the s |
| a. Full Name, Mail | ing Address & Phone | | b. Coordinated Committee N | ame () | d. Comments |
| (include city, state, | & zip) | SALE AND SALE | | | , |
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| | | | c. Level Registered (Specify) | | _ |
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| 5. Total only th | is Page | a de la companya de l | | N. A. E. L. B. A. L. C. C. | \$ 14063.00 |
| BEAM TO BUT TO SHEET AND THE STREET AND THE PARTY AND THE | CRO-1310 Pages | | direction of the state of the s | | |
| | line 13a of Detailed Sun | ımary Page CRO-110 | 0 if Operating Expenses) | All the Control of the second of the control of the | \$ 14063.00 |
| | - | 7 | 0 if Contrib to Candidates/Politic | - | \$ 14063.00 |
| | | | 0 if Coordinated Party Expenditu | ires) | |
| | es (List detailed ex | CORP. CO. C. | | HOSEL PLOTES H | |
| A* - Media E - Salaries | B* - Printing F* - Equipment | C* - Fund G - Politic | | D - To Anoth | er Candidate Public Office Expenses |
| I - Postage | J - Penalties | | ce Expenses | | n to Legal Expense Fund |
| O* - Other | | | | 136 | |
| * Codes requir | e detailed explanat | ion in required re | emarks field (k) | Charles No. 12 12 12 12 12 12 12 12 12 12 12 12 12 | The state of the state of the state of |