

Disclosure Report Cover

Amendment
 Yes No

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 Information	
a. Full Name CITIZENS TO ELECT LYNN LAIL	c. ID Number CAT-78W5DM-C-001
b. Mailing Address (include City, State and Zip Code) 2359 HWY 70 SE #322 HICKORY, NC 28602	d. Date Filed 07/12/2010
	e. Phone Number (828) 324-4546 ext.303

2. Report Year 2010	3. Period Start Date (mm/dd/yy) 04/18/2010	4. Period End Date (mm/dd/yy) 06/30/2010	5. Treasurer Full Name JILL GRIFFIN
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
8. Number of Fundraisers this Report		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
0		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name PEOPLES BANK		a. Financial Institution Full Name	
b. Purpose CHECKING ACCOUNT	c. Account Code LML	b. Purpose	c. Account Code
	d. Period Begin Balance \$5,729.32		d. Period Begin Balance \$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.




_____ 07/12/2010
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received:		Employee: _____	Delivery Method
Date Postmarked:		Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned:		Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee: _____	<input type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> Signer has not received mandatory training

Please 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.

Detailed Summary

Amendment
 Yes 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	3. ID Number	
CITIZENS TO ELECT LYNN LAIL	2010 Second Quarter	CAT-78W5DM-C-001	
Start of Election Cycle: January 1, <u>2010</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5,729.32	\$ 0.00
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 145.00
6) Contributions from Individuals (CRO-1210)		\$ 2,850.00	\$ 16,835.00
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 11,000.00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 2,850.00	\$ 27,980.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 6,531.23	\$ 25,931.91
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00	\$ 0.00
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 6,531.23	\$ 25,931.91
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,048.09	\$ 2,048.09
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 11,000.00	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00	
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00

Contributions from Individuals

Amendment

Yes 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	
CITIZENS TO ELECT LYNN LAIL					CAT-78W5DM-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CLARK ISAAC 806 37TH AVENUE NW HICKORY, NC 28601			ENGINEER			
			c. Employer's Name/Specific Field			
			ISAAC CONSTRUCTION		e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	LML	Check		04/20/2010	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LEROY LAIL 3619 LINKS DRIVE CONOVER, NC 28613 (828) 459-1268			BUSINESSMAN			
			c. Employer's Name/Specific Field			
			HICKORY FURNITURE MART		e. Election Sum to Date	
					\$ 2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	LML	Check		05/11/2010	\$ 2,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID LOOPER PO BOX 3224 HICKORY, NC 28603 (828) 312-8244			DEVELOPER/CONSTRUCTIO N			
			c. Employer's Name/Specific Field			
			DAVID E LOOPER COMPANY		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	
<input type="checkbox"/>	LML	Check		04/20/2010	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 2,850.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,850.00	

Disbursements

Use this 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) CITIZENS TO ELECT LYNN LAIL						2. ID Number CAT-78W5DM-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> LARRY CROUCH 2015 10TH STREET LANE NW HICKORY, NC 28601 (828) 612-0185				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date		\$ 90.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LML	Check	O	05/06/2010	\$ 90.00	POLL WORKER		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> CROWNE PLAZA 1385 LENOIR RHYNE BLVD SE HICKORY, NC 28602 (828) 323-1000				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date		\$ 89.60	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LML	Check	O	05/24/2010	\$ 89.60	SNACKS FOR POLL WORKERS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> SARAH HAM PO BOX 1237 HICKORY, NC 28603 (828) 244-6492				b. Coordinated Committee Name		d. Comments	
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:				e. Election Sum to Date		\$ 60.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
LML	Check	O	05/06/2010	\$ 60.00	POLL WORKER		
				\$			
5. Total only this Page						\$ 239.60	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 6,531.23	
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	
O* Other * Codes require detailed explanation in required remarks field (k)							

Disbursements

Use this 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) CITIZENS TO ELECT LYNN LAIL						2. ID Number CAT-78W5DM-C-001
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) MELISSA KELLER 3670 CALDWELL ROAD NEWTON, NC 28658 (828) 465-8240				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LML	Check	O	05/11/2010	\$ 100.00	POLL WORKER	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) IVA RHYNE 1022 NORTH CENTER STREET HICKORY, NC 28601 (828) 228-2727				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 360.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LML	Check	O	05/06/2010	\$ 360.00	POLL WORKER	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) R-SQUARED DESIGNS, INC PO BOX 20665 WINSTON-SALEM, NC 27120 (336) 293-4408				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,373.88
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
LML	Check	O	05/11/2010	\$ 1,373.88	CAMPAIGN SUPPORT	
				\$		
5. Total only this Page						\$ 1,833.88
6. Total of ALL CRO-1310 Pages						\$ 6,531.23
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>						
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
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
I - Postage	J - Penalties	K* - Office Expenses	H* - Holding Public Office Expenses	O* Other	Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)						

Disbursements

Use this 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) CITIZENS TO ELECT LYNN LAIL	2. ID Number CAT-78W5DM-C-001
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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

Add Remove

4. Payee Information	b. Coordinated Committee Name	d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOICE SMYRE PO BOX 2821 HICKORY, NC 28603 (828) 381-6807		
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$ 340.00
f. Account Code LML	g. Form of Payment Check	h. Purpose Code O
i. Date (mm/dd/yyyy) 05/06/2010	j. Amount \$ 340.00	k. Required Remarks POLL WORKER
	\$	

Add Remove

4. Payee Information	b. Coordinated Committee Name	d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHUCK SPALLER 330 3RD STREET NW, APT. B HICKORY, NC		
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$ 140.00
f. Account Code LML	g. Form of Payment Check	h. Purpose Code O
i. Date (mm/dd/yyyy) 05/06/2010	j. Amount \$ 140.00	k. Required Remarks POLL WORKER
	\$	

Add Remove

4. Payee Information	b. Coordinated Committee Name	d. Comments
a. Full Name, Mailing Address & Phone (include city, state, & zip) SPECIALIZED MEDIA SERVICES, INC 741 KENILWORTH AVENUE #204 CHARLOTTE, NC 28204 (704) 333-3111		
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		e. Election Sum to Date \$ 12,538.73
f. Account Code LML	g. Form of Payment Check	h. Purpose Code A
i. Date (mm/dd/yyyy) 04/20/2010	j. Amount \$ 3,977.75	k. Required Remarks TELEVISION
	\$	

5. Total only this Page	\$ 4,457.75
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 6,531.23

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
O* Other			

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

Outstanding Loans

Amendment

Yes No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)			2. ID Number		
CITIZENS TO ELECT LYNN LAIL			CAT-78W5DM-C-001		
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
LYNN LAIL 3619 LINKS DRIVE CONOVER, NC 28613 (828) 324-4546		PRESIDENT			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		PIEDMONT DESIGNS		01/11/2010	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
%		\$ 1,000.00		\$ 1,000.00	
k. Full Name of Lending Institution				l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
LYNN LAIL 3619 LINKS DRIVE CONOVER, NC 28613		PRESIDENT			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		PIEDMONT DESIGNS		01/15/2010	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
%		\$ 5,000.00		\$ 5,000.00	
k. Full Name of Lending Institution				l. Loan Number	
3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
LYNN LAIL 3619 LINKS DRIVE CONOVER, NC 28613		PRESIDENT			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		PIEDMONT DESIGNS		03/22/2010	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
%		\$ 5,000.00		\$ 5,000.00	
k. Full Name of Lending Institution				l. Loan Number	
4. Total only this Page				\$ 11,000.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)				\$ 11,000.00	