Disclosure	Report	Cover
THE RESIDENCE OF		

1. Committee Information

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.

a. Full Name c. ID Number MASCHE FOR COUNCIL b. Mailing Address (include City, State and Zip Code) d. Date Filed 3420 N CENTER ST 10/27/2019 HICKORY, NC 28601 e. Phone Number (828) 310-8823 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) ERNEST WILLIAM MASCHE 2019 09/24/2019 10/21/2019 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) State/County X Candidate Campaign Party Municipal Referendum Joint Fundraiser □ PAC Organizational Organizational Organizational Referendum Legal Expense Fund ☐ Pre-referendum Thirty-five day Quarterly 7. Type of Fund (if applicable, check one) Pre-primary - Final First "Booster Fund" X Pre-election Second Supplemental Final Building Fund Pre-runoff Third Annual Presidential Election Year Candidates Fund Semi-annual Fourth Special ■ NC Public Campaign Financing Fund Mid Year Semi-annual Year End Mid Year 10. Special Report Name Final Year End 8. Number of Fundraisers this Report Final Special Special 3. Account Information . 3. Account Information a. Financial Institution Full Name a. Financial Institution Full Name PEOPLES BANK b. Purpose c. Account Code b. Purpose c. Account Code CAMPAIGN FUNDS d. Period Begin Balance d. Períod Begin Balance 782.70 S 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 prained by the NC State Board 10/27/2019 rinted Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY Delivery Method Date Received: **Employee** Normal Mail Registered Mail Date Postmarked: Employee ☐ Hand Delivered ☐ Electronically Filed Date Scanned: Employee ☐ Signer has not received Date Data Entered: Employee 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 CRO-1000 NC State Board of Elections December 2007

## **Detailed Summary**

Amendment

Yes X No

Use this form to summarize all disclosure reporting forms and to total monetary information

and the state of t	2. Type of Re	A	3.1	D Num	per
MASCHE FOR COUNCIL	2019 Pre-Elec	tion			
Start of Election Cycle: January 1,			al this ng Period	Total ti	
4) Cash on Hand at Start			782.70	S	0.0
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	S	0.00	5	30.0
6) Contributions from Individuals	(CRO-1210)	S	3,350.00	5	4,411.52
7) Contributions from Political Party Committees	(CRO-1220)	s	0.00	5	0.0
8) Contributions from Other Political Committees	(CRO-1230)	S	0.00	S	0.0
9) Loan Proceeds:	(CRO-1410)	S	500.00	S	500.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	S	0.00	5	0.00
11) Other Receipt Sources				New York	Ew Eller
11a) Interest on Bank Accounts	(CRO-1250)	S	0.00	\$	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	s	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
(2) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$	3,850.00	\$	4,941.52
EXPENDITURES		71			
(3) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	3,048.84	\$	3,048.84
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	S	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	S	0.00	\$	0.00
(4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	0.00	S	47.30
S) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
6) Refunds/Reimbursements from the Committee	(CRO-1320)	S	0.00	\$	0.00
7) In-Kind Contributions	(CRO-1510)	\$	500.00	S	761.52
3) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15.	, 16 and 17)	S	3,548.84	\$	3,857.66
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$	1,083.86	\$	1,083.86
ADDITIONAL INFORMATION	A 1 .700 .000 .1				
0) Non-Monetary Gifts Given to Other Committees	(CRO-1336)	S	0.00	1. 1. 0-	
1) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	500.00		
2) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00	1.5	
3) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
(4) Account Transfers Within the Committee	(CRO-1726)	\$	0.00	32 19	
5) Administrative Support	(CRO-1710)	S	0.00	\$	0.00
6) Forgiven Loans	(CRO-1440)	\$	0.00	\$	0.00
7) 48-Hour Notice Reports Sum	(CRO-2220)	S	0.00	\$	0.00
(8) Contributions to be Refunded (CRO-1100 NC State Board	(CRO-1215)	\$	0.00	\$	0.00

		rom Individual				1 of 2			X No
		ndividual contribution		ontribution					i
		e (and Fund if applicab	ıle)	**************************************			2.	ID Number	
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		6 of Detailed Summary F	Page CRO-1100)				\$		3,350.00

Amendment

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5. Total of ALL CRO-1210 Pages

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

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Loan Proceeds			Pg 1	of	1	Amenda Ves	_		
Use this form to report proceeds from	n a loan and loan e	ndorser's i	nformatio	n		tyddy taftiganys	to recommendately 1 Trape december the and		
A loan proceeds statement must acc									
1. Committee Full Name (and Fund	f applicable)	arbanagii manaran	ilandai jämä y			2. ID Numb	er		
MASCHE FOR COUNCIL									
2 7 3 8 . 6		5 5 5	70						
3. Lender Information		Add 🛘	Remove		PT SU	1			
a. Full Name, Mailing Address & Pho	ne	b. Job Titl				d. Commen	£8		
(include city, state, & zip)		SALES CO	ONSULTA	ANT		1			
ERNEST WILLIAM MASCHE						- Stant Dat	e (mm/dd/yyyy)		
3420 N. CENTER ST.		c. Employe	w's Name	/Conné	Ga Field				
HICKORY, NC 28601 (828) 310-8823	PARAMO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10/07/2019				
(828) 310-8823		PARAMO	UN1 AU	OWIC	f. Eud Date (mm/dd/yyyy)				
						***************************************			
g. Rate h. Security Pledged	i, Acco	unt Code	j. Form o	f Pay	ment	k Amou	ınt		
%		317		Cho	eck	\$	500.00		
l. Full Name of Lending Institution					m. Loan Number				
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Manager Company of the Company of th			r)						
4. Endorsers/Makers (The people who	our interconnection because,					198 55 1	의 기사기의 기		
a. Full Name, Mailing Address & Pho	16	b. Job Title	Professi	011	c. Employer's Name/Specific Field				
(include city, state, & zip)									
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		d. Percent	126		e. Amou	nt .			
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Operating Ex		iributions to Candidat		And in case of the last of the		☐ Cox	osdinai	red Party Expe	anditures
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391 10TH AVE 1				c. Level Regis	****************	County			
HICKORY, NC	28601			☐ State		_		e. Election S	ium to Data
(828) 578-6507								***************************************	744,144 (.C) 10741(.C)
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2357 BETHSHIR				c. Level Regis	tered (	Specify)			
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	odes (List detailed								- FILE VALUE OF
A* - Media	B* - Printin			undraising		D To	Anoti	her Candidat	
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Other									-E waren as an annual
	e detailed explanatio	win required rem	selve f	iold (k)	200				

						Amendment	
In-Kind Contributions			Pg <u>1</u>	of	1	☐ Yes ⊠	No
Use this form to report non-monetary contributions, donations,				ed to the	e comi	nittee or fund.	
Use CRO-1215 if In-Kind Contributions were or will be refund	ed within	7 da	ys.				
1. Committee Full Name (and Fund if applicable)					2. ID	Number	
MASCHE FOR COUNCIL							
3. Contributor Information Add	Remov	e	5:			7	
a. Full Name, Mailing Address & Phone	b. Typ	pe of C	Contributor		c. Cor	nments	
(include city, state, & zip)		Indi	vidual				
BENNY YOUNT		Can	didate				
322 44 <sup>TH</sup> AVE DR NW		Part	y				
HICKORY, NC 28601		PAC	;				
		Refe	erendum		d. Ele	ction Sum to Date	
		Othe	er Receipt So	urce	\$	1,000.00	
e. Description			f. Date (m	m/dd/yyy	/y)	g. Fair Market Amount	
USE OF CLASSIC CARS FOR FUNDRAISER			10/0	04/2019	)	\$ 500.00	
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						\$	
	D						
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. 1 ур		ontributor vidual		c. Con	nments	
(include city, state, & zip)	-		didate				
		Party					
	ΙĦ	PAC	•				
		Refe	rendum		d. Elec	ction Sum to Date	
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CRO-1510

4. Total only this Page 5. Total of ALL CRO-1510 Pages

(This line must be on line 17 of Detailed Summary Page CRO-1100)

\$

\$

\$ \$ 500.00

500.00

Outsta	nding Loans		Pg	1	of	1	Amendm Ves	ent No	
Use this fo	onn to report any outstanding lo	oans received dur					men water, water .	oan is paid in full	
1	tee Full Name (and Fund if app) FOR COUNCIL	licable)	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	/orantro-phosan			2. ID Number	ę	
3. Lender	Information	□ Ad	d 🔲 Ren	nove		P.	Profession and		
a. Full Name, Mailing Address & Phone			ob Title/Pro	fessio	DI.		d. Comments		
(include	city, state, & zip)	SA	LES CONS	JLTAN	VΤ				
ERNEST WILLIAM MASCHE 3420 N. CENTER ST. HICKORY, NC 28601 (828) 310-8823							e. Start Date (mm/dd/yyyy)		
		c. E	mployer's N	ame/S	eld	. 10/07/2019			
		PA	PARAMOUNT AUTOMOTIVE					A 100 A 100 A 100 A	
							f. End Date (n	am/dd/yyyy)	
g. Rate	h. Security Pledged		i. Original	Loan A	Amount		j. Remaining	Loan Balance	
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k. Full Name of Lending Institution					l. Loan Number				
4. Total	only this Page	TAE III PERSON			S or		\$	500.00	
the second second second second	of ALL CRO-1430 Pages must be on line 21 of Detailed Sum	^-	00)				5	500.00	
CRO-1430	)	NC State Board	of Elections					December 2007	