

# 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.

<b>1. Committee Information</b>	
a. Full Name MASCHE FOR COUNCIL	c. ID Number
b. Mailing Address (include City, State and Zip Code) 3420 N CENTER ST HICKORY, NC 28601	d. Date Filed 09/30/2019
	e. Phone Number (828) 310-8823

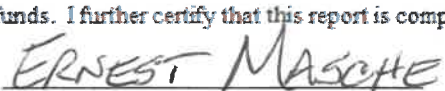
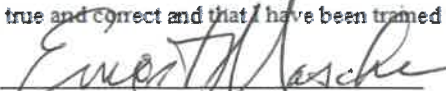
2. Report Year 2019	3. Period Start Date (mm/dd/yy) 08/28/2019	4. Period End Date (mm/dd/yy) 09/23/2019	5. Treasurer Full Name ERNEST WILLIAM MASCHE
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<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>9. Type of Report (check only one type of report from one category)</b> <b>Municipal</b> <input type="checkbox"/> Organizational <input checked="" type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
<b>7. Type of Fund (if applicable, check one)</b> <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<b>10. Special Report Name</b>			
<b>8. Number of Fundraisers this Report</b> 1					

<b>3. Account Information</b>		<b>3. Account Information</b>	
a. Financial Institution Full Name PEOPLES BANK		a. Financial Institution Full Name	
b. Purpose CAMPAIGN FUNDS	c. Account Code 317	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 552.70		d. Period Begin Balance \$

**CERTIFICATION**

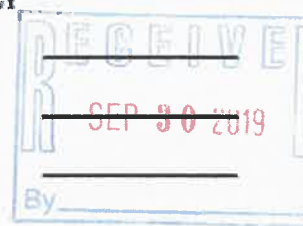
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct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

Printed Name of Signer: Ernest Masche      Signature of Appointed Treasurer: Ernest Masche      Date: 09/30/2019

**FOR OFFICE USE ONLY**

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

By: 

**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.

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
Masche for Council		2019 Pre-Primary			
<b>Start of Election Cycle:</b>		<b>January 1,</b>		<b>2019</b>	
		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 552.70		\$ 0	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b>		<i>(CRO-1205)</i>		\$ 30.00	
<b>6) Contributions from Individuals</b>		<i>(CRO-1210)</i>		\$ 461.52	
<b>7) Contributions from Political Party Committees</b>		<i>(CRO-1220)</i>		\$	
<b>8) Contributions from Other Political Committees</b>		<i>(CRO-1230)</i>		\$	
<b>9) Loan Proceeds</b>		<i>(CRO-1410)</i>		\$	
<b>10) Refunds/Reimbursements To the Committee</b>		<i>(CRO-1240)</i>		\$	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b>		<i>(CRO-1250)</i>		\$	
<b>11b) Contributions from Not-for-Profit Organizations</b>		<i>(CRO-1250)</i>		\$	
<b>11c) Outside Sources of Income</b>		<i>(CRO-1250)</i>		\$	
<b>11d) Legal Expense Fund – Other Sources</b>		<i>(CRO-1270)</i>		\$	
<b>11 e) Exempt Purchase Price Sales</b>		<i>(CRO-1265)</i>		\$	
<b>12) TOTAL RECEIPTS</b> <i>(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</i>				\$ 491.52	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b>		<i>(CRO-1310)</i>		\$	
<b>13b) Contributions to Candidates/Political Committees</b>		<i>(CRO-1310)</i>		\$	
<b>13c) Coordinated Party Expenditures</b>		<i>(CRO-1310)</i>		\$	
<b>14) Aggregated Non-Media Expenditures</b>		<i>(CRO-1315)</i>		\$ 47.30	
<b>15) Loan Repayments</b>		<i>(CRO-1420)</i>		\$	
<b>16) Refunds/Reimbursements From the Committee</b>		<i>(CRO-1320)</i>		\$	
<b>17) In-Kind Contributions</b>		<i>(CRO-1510)</i>		\$ 261.52	
<b>18) TOTAL EXPENDITURES</b> <i>(Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</i>				\$ 308.82	
<b>19) Cash on Hand at End</b> <i>(Add lines 4 and 12 together, then subtract line 18)</i>				\$ 782.70	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b>		<i>(CRO-1330)</i>		\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>		<i>(CRO-1430)</i>		\$	
<b>22) Debts and Obligations owed By the Committee</b>		<i>(CRO-1610)</i>		\$	
<b>23) Debts and Obligations owed To the Committee</b>		<i>(CRO-1620)</i>		\$	
<b>24) Account Transfers Within the Committee</b>		<i>(CRO-1720)</i>		\$	
<b>25) Administrative Support</b>		<i>(CRO-1710)</i>		\$	
<b>26) Forgiven Loans</b>		<i>(CRO-1440)</i>		\$	
<b>27) 48-Hour Notice Reports Sum</b>		<i>(CRO-2220)</i>		\$	
<b>28) Contributions to be Refunded</b>		<i>(CRO-1215)</i>		\$	

**Aggregated Contributions from Individuals**Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
MASCHE FOR COUNCIL						
<b>3. Contributor Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	
<input type="checkbox"/> Add	317	Cash		09/14/2019	\$ 30.00	
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$ 30.00	
<b>5. Total of ALL CRO-1205 Pages</b> (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 30.00	

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b> MASCHE FOR COUNCIL						<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) JOHN FISH PO BOX 665 HILDEBRAN, NC 28637				<b>b. Job Title/Profession</b> DENTIST		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> JOHN FISH, DDS		<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	317	Check		09/14/2019	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) FRANK LENOIR 3455 4TH ST BLVD NW HICKORY, NC 28601				<b>b. Job Title/Profession</b> SALES MANAGER		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> TOM JOHNSONS CAMPING CENTER		<b>e. Election Sum to Date</b> \$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	317	Cash		09/09/2019	\$ 50.00		
<input type="checkbox"/>	317	Cash		09/12/2019	\$ 50.00		
<input type="checkbox"/>					\$		
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ERNEST WILLIAM MASCHÉ 3420 N. CENTER ST. HICKORY, NC 28601 (828) 310-8823				<b>b. Job Title/Profession</b> SALES CONSULTANT		<b>d. Comments</b>	
				<b>c. Employer's Name/Specific Field</b> PARAMOUNT AUTOMOTIVE		<b>e. Election Sum to Date</b> \$ 261.52	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>		
<input type="checkbox"/>	<del>317</del>	In-Kind	FOOD AND SUPPLIES FOR FUNDRAISER	09/14/2019	\$ 161.52		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<b>4. Total only this Page</b>						\$ 361.52	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 461.52	

# Contributions from Individuals

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Amendment

☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
MASCHE FOR COUNCIL					
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>
ARNOLD STARNES 4830 1ST ST CT NW HICKORY, NC 28601			OWNER		
			<b>c. Employer's Name/Specific Field</b>		
			WINDY CITY GRILL		
					<b>e. Election Sum to Date</b>
					\$ 100.00
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>
<input type="checkbox"/>	<del>317</del>	In-Kind	FOOD DONATED FOR FUND RAISER	09/14/2019	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 100.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 461.52

CRO-1210

NC State Board of Elections

April 2007



# In-Kind Contributions

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Amendment  
☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.  
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<b>1. Committee Full Name (and Fund if applicable)</b> MASCHE FOR COUNCIL		<b>2. ID Number</b>	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ERNEST WILLIAM MASCHE 3420 N. CENTER ST. HICKORY, NC 28601 (828) 310-8823		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$ 261.52
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
FOOD AND SUPPLIES FOR FUNDRAISER	09/14/2019	\$ 161.52	
		\$	
		\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) ARNOLD STARNES 4830 1ST ST CT NW HICKORY, NC 28601		<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>  <b>d. Election Sum to Date</b> \$ 100.00
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>	
FOOD DONATED FOR FUND RAISER	09/14/2019	\$ 100.00	
		\$	
		\$	
<b>4. Total only this Page</b>		\$ 261.52	
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 261.52	