Disclosure Re	Disclosure Report Cover									
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		c. ID Number								
	<u> </u>		8 (2)					C. ID Number		
	RE FOR ALDE	FRM.	4N							
	lude City, State and Zip Code)							d. Date Filed		
P.O. P.	30x 2262 2% NC 286							09/03/2019		
HICKOR	24 NC 2860	03-	226	2				e. Phone Number		
								828-612-0415		
2. Report Year	3. Period Start Date (mm/d	ld/yy)	4. Period (mm/dd/yy)	End Da	ite	5. Treasurer	Full !	Name		
2019	07/27/20	19	09/	03/	2019	Lovis	5	WETMORE		
6. Type of Commit	tee (Check One)	9. Typ	e of Report					from one category)		
Z Candidate Camp	aign Party	Munici	pal		State/Co	ounty		Referendum		
PAC	Referendum		Organizational			Organizational		Organizational		
Independent Expenditure	Joint Fundraiser	X	Thirty-five day	/		Quarterly		Pre-referendum		
Legal Expense F								immed.		
7. Type of Fund	(if applicable, check one)	님	Pre-primary			First		Final		
"Booster Fund" Building Fund		H	Pre-election Pre-runoff		H	Second Third		Supplemental Final Annual		
Duning runs		1	Semi-annual		H	Fourth		Special		
			Mid Year		– s	Semi-annual		<u> </u>		
Other:			Year End			Mid Year		10. Special Report Name		
0 1 0 1	41. 1		Final		님 _	Year End				
8. Number of Fund	o raisers this Report	ш	Special			inal				
11 A 4 T . C			1	44 A		pecial				
11. Account Inform  a. Financial Institution						nformation tution Full Name				
WELLS	FARGO			a. rma	uciai Insti	tution Full Name				
b. Purpose	c. Account Code			b. Purp	ose			c. Account Code		
CAMPAION	/ DOA									
CAMPAIGN CONTRI BUTTON	51 000	•								
EXPENDITUR	d. Period Begin Balance							d. Period Begin Balance		
	s 5000.0	0						\$		
CERTIFICATION				-						
I certify that the Con	nmittee or Fund is in compli	ance wit	h all applica	ble pro	visions o	f Article 22A,	22B, &	& 22D-22M of Chapter 163 of		
the NC General State	utes and that no funds are co	mmingle	ed with proh	blied o	r other	on-disglosed f	unds. I	further certify that this report		
		trained	by the NC	Bo	ard of C	cetions:	0	00/00/19		
Lovis	Printed Name of Signer	-		onature o	f Appointe	ed Treasurer	<i>-</i>	09/03/20/7		
FOR OFFICE USE C				Summer (	търропис	A Treasurer	_	Pate		
Date Received:			Employee:				P	elivery Method		
Date Postmarke	REGELLA		Employee:				Ė	Normal Mail Registered Mail Hand Delivered		
Date Scanned:	SEP 03 2019		Employee:				Ë	Electronically Filed   Signer has not received		
Date Data Enter	ed:		Employee:				-	mandatory training		
Please Note: Thi							addres	s, treasurer, assistant treasurer,		
			ks informati	-						
	You must amend the Stater	nent of (	Organization	(CRO-	2100A-E	E) to make con	nmittee	changes.		

Amendment

Amendment

Yes No.

Detailed Summary
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		3. ID Number
WETMORE FOR ALBERMAN	35	DAY	
Start of Election Cycle: January 1, 2019		Total this Reporting Period	Total this d Election Cycle
4) Cash on Hand at Start		\$ 5000 00	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 100 -	\$ 5712.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$ 5000 00	\$
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 Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ /~~	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 510000	- \$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3979.6	9 \$ 3979.69
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)	\$	\$ 12100
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 1.	5, 16 and 17)	\$ 3979.69	
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	otract line 18)	\$ /120.3/	\$ 1120.31
ADDITIONAL INFORMATION			
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)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$
28) Contributions to be Refunded	(CRO-1215)	\$	\$

Cont	ributions f	rom Individua	als	Pg	g of _	Yes No
		individual contribution		ontributions und	der \$50 if form CI	
		me (and Fund if app				2. ID Number
	WETMORE	E FOR 1	ALDERM.	AN		
A DESCRIPTION OF THE PERSON NAMED IN	tributor Inform				emove	
	lame, Mailing Addro de city, state, & zip)			b. Job Title/Profe		d. Comments
			/ 🌩	RETTA	RED	
ン,	HMES	CARTWRIG	# 1	c. Employer's Na	me/Specific Field	
5	70 312	NC 2860	a f			e. Election Sum to Date
H	ICILORY, 1	NC 2000	97			A)
						\$ 100-
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	ption	j. Date (mm/dd/yyy	
	DDA	CHECK			08/17/2019	9 \$ 10000
						\$
						\$
	tributor Informa				move	
	ame, Mailing Addre			b. Job Title/Profe	ession	d. Comments
(Писни	le city, state, & zip)					
				c. Employer's Na	me/Specific Field	
						77 41 0 4- D-4
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy	yy) k. Amount
						\$
						\$
						\$
	ributor Informa				move	
	ame, Mailing Addre le city, state, & zip)			b. Job Title/Profe	ssion	d. Comments
(Includ	e city, state, & zip)					
				c. Employer's Nar	me/Specific Field	
						e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
						\$
						\$
						\$
	al only this Pa					\$ 100 00
5. Tota	al of ALL CR	RO-1210 Pages	(70 7100)			\$ 10000

Amendment

Die	shu	rsem	ents
	<b>1178</b> 1		

			Amendment	
Pg	 of	2	☐ Yes	N₀

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

	ull Name (and Fund						2. ID Number		
	1. Committee Full Name (and Fund if applicable)  2. ID Number  WETT OPE FOR AWERMAN								
3. Type of Disb		use separate Ch			each type	e of Dish	oursement)		
Operating Expe		tributions to Candida					rdinated Party Expenditures		
4. Payee Inform		inductions to Cuntered		Add 🔲	Remove		Tomacou Farry Emponeration		
	ailing Address & Pho	one		b. Coordinat			d. Comments		
(include city, state,									
SHAM POW ENTERPRISES LLC . Level Providenced (Specific)									
			_	c. Level Regi	stered (Sp	ecify)			
682	22ND AUE	NE		Federal		County:			
HICICO	RY NC 28	601		State	kı	_ Municipa	lity: e. Election Sum to Date		
771000		,	-				\$ 711.19		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amour	ıt	k. Required Remarks		
DOA	CHECK	B	9/1	2019	\$ 711	19			
				1	s				
4. Payee Inform	ation	1 1 1 1 1 1 1 1 1	П	Add	Remove	e.			
	ing Address & Phone	ID To the last	-	b. Coordinate			d. Comments		
(include city, stat									
		00.00	LLC						
SHAMI	DO ENTER	PRISE 9		c. Level Regi	stered (Sp	ecify)			
682	PO ENTER	NE		Federal County:					
	7102	20601		State	M	Municipa	lity: e. Election Sum to Date		
Itacico.	RY, NC =						\$ 71119		
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)			k. Required Remarks		
DDA	CHECK	A	9/1	12019	\$ 2,2	35.00	NEWSPAPERES/GNS		
			S .		S		(		
4 Dove Inform	ation.			Add	Remove				
4. Payee Inform	ng Address & Phone			b. Coordinate			d. Comments		
(include city, stat				D. Coordinate	ou Commi	tice Maine	u. comments		
	OINT GRAPE	40 5							
ON M	INI GRAPE	- 21/10-11	00	c. Level Regis	stered (Sp	ecify)			
703	ST. JAME	5 CHURCH	RU	☐ Federal					
NEWI	ON, NC 2	-8658		☐ State	四	Municipa	lity: e. Election Sum to Date		
							\$ 3055.69		
f. Account Code	g. Form of Payment	h. Purpose Code		nm/dd/yyyy)			k. Required Remarks		
ROA	CHECK	13	9/	1/2019	\$ 909	7.50			
					\$				
5. Total only thi	is Page				THE REAL PROPERTY.		\$ 3855.69		
	CRO-1310 Pages						\$ 3855.69 \$ 3979.69		
	line 13a of Detailed Sum	mam Daga CDO 11	00 if One	estina Evnans	20)		72.72.60		
_	line 13b of Detailed Sum					ral Comm	\$ 3979.69		
_	line 13c of Detailed Sum								
	odes (List detailed								
A* - Media	B* - Printin			indraising		<b>D</b> - To /	Another Candidate		
E - Salaries	F* - Equip	•		itical Party			olding Public Office Expenses		
I - Postage	J - Penaltie			ffice Expen			onation to Legal Expense Fund		
O* Other				-					
* Codes require detailed explanation in required remarks field (k)									

TN.	- 1					
1)1	ςh	11	rc	em	eni	ľ

				Amendment	
Pg	2	of	2	☐ Yes	No No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee F	Full Name (and Fun		2. ID Number				
WETTON	DRE FOR 1	PLOERAK	W				
3. Type of Disb		e use separate CK			Bremel.		
Operating Exp		ntributions to Candida	ates/Politic			ordinate	ed Party Expenditures
4. Payee Inform				Add 📮	Remove		
	Iailing Address & Ph	ione		b. Coordinate	ed Committee Nar	ne	d. Comments
(include city, state,	& zip)	- 20					
U5 F	DEY, NC	<i>=6</i>		a Level Regi	stered (Specify)		
Helle	DRY NC						
//	-///-			Federal State	County Munici	-	e. Election Sum to Date
state							\$ 39.19.69
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (	mm/dd/yyyy)	j. Amount	k. Re	equired Remarks
NNÀ	CASH	T	081	24/2019	\$ 1240		
	277		-		s		
4. Payee Inforn	nation			Add $\square$	Remove		J- 3- 3- 7/ F
	ling Address & Phone				ed Committee Nan	ne	d. Comments
(include city, stat	_			D. COOL GRANGE	M Committee I va.	HC	u. Comments
(11101000000000000000000000000000000000	ic, ca a.p.,						
				c. Level Regis	stered (Specify)		
				Federal County:			
			State Municipality:			e. Election Sum to Date	
							\$
	1	T. 5 C. 4.	T /		π	1. D.	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Ke	quired Remarks
					\$		
					\$		
4. Payee Inform	nation			Add 🔲	Remove	-	Sterio I and the Control of Sterio
	ing Address & Phone		-		ed Committee Nan	ne (	d. Comments
(include city, stat				0. 000			
•	77						
				c. Level Registered (Specify)			
				Federal County:			
				State	Municip	pality:	e. Election Sum to Date
							\$
A Codo	E of Daymont	h. Purpose Code	T: Tate (	mm/dd/yyyy)	. Amount	Ir Re	quired Remarks
f. Account Code	g. Form of Payment	II. Furpose Couc	l. Date (i	mm/aa/yyyy)	j. Amount	M. AC	dinen veniaras
			<u> </u>		\$		
					\$		
5. Total only th	is Page						\$ 124
	CRO-1310 Pages						\$ 124 \$ 3979.69
	line 13a of Detailed Sun	nmarv Page CRO-11	00 if Ope	ratino Expense	>e)		207969
_	line 13b of Detailed Sun					m)	\$ 7717.41
_	line 13c of Detailed Sum						
	odes (List detailed				S E NED		
A* - Media	B* - Printing			undraising	<b>D</b> - To	Anoth	ner Candidate
E - Salaries	F* - Equip			litical Party			g Public Office Expenses
I - Postage	J - Penalti			ffice Expens			on to Legal Expense Fund
O* Other							
* Codes requir	e detailed explanati	ion in required r	emarks	field (k)			