

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	c. ID Number
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4	
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
308 6TH AVENUE SW HICKORY, NC 28602	06/28/2018
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2017	10/24/2017	12/31/2017	NANCY L MILLER

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"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	Semi-annual	
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report				
1				

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST CITIZENS BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN ACCOUNT	DLW		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 631.10		\$

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

NANCY MILLER
Printed Name of Signer

Nancy Miller
Signature of Appointed Treasurer

06/28/2018
Date

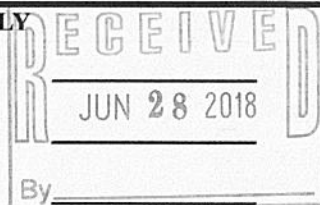
FOR OFFICE USE ONLY

Date Received:

Date Postmarked:

Date Scanned:

Date Data Entered:



Employee: _____

Employee: _____

Employee: _____

Employee: _____

Delivery Method

- ☐ Normal Mail
☐ Registered Mail
☐ Hand Delivered
☐ Electronically Filed

☐ 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	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> 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
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4	2017 Year End Semi- Annual	
Start of Election Cycle: January 1, 2017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 631.10	\$
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 305.00	\$ 1233.00
6) Contributions from Individuals (CRO-1210)	\$ 1047.85	\$ 2389.65
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 300.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 0.00
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
11 e) 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)	\$ 1352.85	\$ 3922.62
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 768.86	\$ 2398.67
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)	\$ 17.30	\$ 164.39
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 149.60	\$ 149.60
17) In-Kind Contributions (CRO-1510)	\$ 547.85	\$ 709.65
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 1483.61	\$ 3422.31
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 500.34	\$ 500.34
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 0.00	
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)	\$	\$
28) Contributions to be Refunded (CRO-1215)	\$	\$

Aggregated Contributions from IndividualsPage 1 of 1Amendment
☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Cash		11/06/2017	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Cash		11/06/2017	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Cash		11/06/2017	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Check		11/27/2017	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Check		11/09/2017	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Cash		11/06/2017	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Cash		11/06/2017	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Check		11/27/2017	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Cash		11/06/2017	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Check		11/06/2017	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Cash		11/06/2017	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Cash		11/06/2017	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	DLW	Check		11/06/2017	\$ 35.00
4. Total only this Page					\$ 305.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 305.00

Contributions from Individuals

Pg 1 of 3

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	
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4						
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	
DOUGLAS AUER 1036 15th Ave NW HICKORY, NC 28601			PARTNER			
			c. Employer's Name/Specific Field			
			CDG BRANDS INC			
					e. Election Sum to Date	
					\$ 327.16	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DLW	In-Kind	FACEBOOK AD	10/24/2017	\$ 25.00	
<input type="checkbox"/>	DLW	In-Kind	PRINTING - OFFICE DEPOT	10/31/2017	\$ 15.50	
<input type="checkbox"/>	DLW	In-Kind	FACEBOOK AD	10/31/2017	\$ 25.00	
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	
DOUGLAS AUER 1036 15th Ave NW HICKORY, NC 28601			PARTNER			
			c. Employer's Name/Specific Field			
			CDG BRANDS INC			
					e. Election Sum to Date	
					\$ 327.16	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DLW	In-Kind	COFFEE - CHICK-FIL-A	11/07/2017	\$ 27.82	
<input type="checkbox"/>	DLW	In-Kind	FACEBOOK AD	11/10/2017	\$ 18.84	
<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	
SHANNON AUER NC						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 301.09	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	DLW	Cash		08/07/2017	\$ 15.00	
<input type="checkbox"/>	DLW	In-Kind	PRINTING - OFFICE DEPOT	10/24/2017	\$ 132.54	
<input type="checkbox"/>	DLW	In-Kind	PRINTING - OFFICE DEPOT	10/27/2017	\$ 90.95	
4. Total only this Page					\$ 335.65	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,047.85	

Contributions from Individuals

Pg 2 of 3

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	
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4						
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	
SHANNON AUER NC						
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 301.09	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DLW	In-Kind	SNACKS & WATER - LOWES FOODS	11/07/2017	\$ 21.40	
<input type="checkbox"/>	DLW	In-Kind	LUNCHES FOR VOLUNTEERS - CENTER	11/07/2017	\$ 41.20	
<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	
FORREST FERRELL PO BOX 2903 HICKORY, NC 28603			ATTORNEY			
			c. Employer's Name/Specific Field			
			SIGMON, CLARK, MACKIE, HANVEY & FERRELL P.A.			
					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	
<input type="checkbox"/>	DLW	Check		11/27/2017	\$ 150.00	
<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	
RALPH MAXY 540 43RD AVENUE CT NW HICKORY, NC 28601			SURGEON			
			c. Employer's Name/Specific Field			
			CAROLINA ORTHOPAEDIC SPECIALISTS			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DLW	Check		12/18/2017	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 512.60	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,047.85	

Contributions from Individuals

Pg 3 of 3

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	
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4						
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
JERRY THOMPSON 5180 WRIGHT DR HICKORY, NC 28601				CLEANING SERVICES		
				c. Employer's Name/Specific Field J.T. CLEANING SERVICE		
				e. Election Sum to Date		
				\$ 70.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	DLW	Cash		08/07/2017	\$ 20.00	
<input type="checkbox"/>	DLW	Cash		11/06/2017	\$ 50.00	
<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 LEE WILLIAMS 308 6TH AVENUE SW HICKORY, NC 28602				BARBER		
				c. Employer's Name/Specific Field PLUSH KUTZ		
				e. Election Sum to Date		
				\$ 30.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	DLW	In-Kind	WEBSITE & EMAIL WIX.COM	12/27/2017	\$ 149.60	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 199.60	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,047.85	

CRO-1210

NC State Board of Elections

April 2007

Disbursements

Pg 1 of 1

Amendment
☒ Yes ☐ No

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)						2. ID Number	
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4							
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)				b. Coordinated Committee Name		d. Comments	
ADVENTIVE LLC 1020 9TH AVENUE NE HICKORY, NC 28601							
				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	
						\$ 223.33	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
DLW	Check	B	11/17/2017	\$ 223.33	PALM CARDS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
CUSTOM DESIGN GROUP LLC 391 10TH AVE DR NE HICKORY, NC 28601							
				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	
						\$ 814.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
DLW	Debit Card	O	11/06/2017	\$ 102.72	T-SHIRTS		
DLW	Check	O	11/06/2017	\$ 220.96	T-SHIRTS		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
JASON'S DELI 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	
						\$ 221.85	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
DLW	Debit Card	O	11/08/2017	\$ 221.85	FOOD FOR ELECTION		
				\$	NIGHT PARTY		
5. Total only this Page						\$ 768.86	
6. Total of ALL CRO-1310 Pages							
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$ 768.86	
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)							

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment
☒ Yes ☐ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	DLW	Debit Card	O	11/08/2017	\$ 3.21	BEVERAGES FOR ELECTION NIGHT
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	DLW	Debit Card	O	11/08/2017	\$ 14.09	WATER FOR ELECTION
<input type="checkbox"/> Remove						
4. Total only this Page					\$ 17.30	
5. Total of ALL CRO-1315 Pages					\$ 17.30	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009

Refunds/Reimbursements From the Committee Pg 1 of 1

Amendment
☒ Yes ☐ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor

1. Committee Full Name (and Fund if applicable)				2. ID Number	
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4					
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee		g. Comments
DAVID LEE WILLIAMS 308 6TH AVENUE SW HICKORY, NC 28602			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		h. Original Receipt Date
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		12/27/2017
					i. Original Receipt Amount
					\$ 149.60
b. Job Title/Profession		c. Employer's Name/Specific Field		f. Purpose Code	
BARBER		PLUSH KUTZ		P	
				j. Election Sum to Date	
				\$ 30.00	
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
DLW	Check	WEBSITE & EMAIL WIX.COM		12/27/2017	\$ 149.60
4. Total only this Page					\$ 149.60
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 149.60
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other					
* Codes require detailed explanation in required remarks field (m)					

CRO-1320

NC State Board of Elections

July 2007

In-Kind Contributions

Pg 1 of 2

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DOUGLAS AUER 1036 15th Ave NW HICKORY, NC 28601		<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	
		d. Election Sum to Date	
		\$ 327.16	
c. Description		f. Date (mm/dd/yyyy)	
FACEBOOK AD		10/24/2017	
PRINTING - OFFICE DEPOT		10/31/2017	
FACEBOOK AD		10/31/2017	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DOUGLAS AUER 1036 15th Ave NW HICKORY, NC 28601		<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	
		d. Election Sum to Date	
		\$ 327.16	
c. Description		f. Date (mm/dd/yyyy)	
COFFEE - CHICK-FIL-A		11/07/2017	
FACEBOOK AD		11/10/2017	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
SHANNON AUER NC		<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	
		d. Election Sum to Date	
		\$ 301.09	
c. Description		f. Date (mm/dd/yyyy)	
PRINTING - OFFICE DEPOT		10/24/2017	
PRINTING - OFFICE DEPOT		10/27/2017	
SNACKS & WATER - LOWES FOODS		11/07/2017	
4. Total only this Page		\$ 357.05	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 547.85	

In-Kind ContributionsPg 2 of 2

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
COMMITTEE TO ELECT DAVID WILLIAMS WARD 4			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
SHANNON AUER NC		<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	
		d. Election Sum to Date	
		\$ 301.09	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
LUNCHES FOR VOLUNTEERS - CENTER STREET EATS		11/07/2017	\$ 41.20
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
DAVID LEE WILLIAMS 308 6TH AVENUE SW HICKORY, NC 28602		<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	
		d. Election Sum to Date	
		\$ 30.00	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WEBSITE & EMAIL WIX.COM		12/27/2017	\$ 149.60
			\$
			\$
4. Total only this Page		\$ 190.80	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 547.85	