D	isc	losure	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 In	formation								
a. Full Name		The state of the s	Medica					c. ID Number	
COMMITTEE	TO ELECT D	AVID WILLIA	MS W	ARD 4					
b. Mailing Addre	ess (include Cit	ty, State and Zip	Code)					d. Date Filed	
308 6TH AVEN HICKORY, NO								06/28/2018	
								e. Phone Number	
								-	
2. Report Year	3. Period Star	t Date (mm/dd/y	y)	4. Period	End Dat	te (mm/dd/yy)	5. Treasur	rer Full Name	
2017	10	0/24/2017			12/31/2	017	NANCY I	L MILLER	
6. Type of Comm		Commence of the second		e of Report			type of rep	ort from one category)	
X Candidate Can	770 0070		Munic			State/County		Referendum	
Joint Fundrais				Organizatio		Organizatio	nal	Organizational	
Referendum	- Committee of the Comm	gal Expense Fund		Thirty-five	173	Quarterly		Pre-referendum	
7. Type of Fund Booster Fund		le, check one)	H	Pre-primary Pre-election		☐ First ☐ Second		Final Supplemental Final	
Building Fund	M2		H	Pre-runoff	۱ ۱	Third		Annual	
Presidential El	lection Year Can	didates Fund	ш	Semi-annua	. 1	☐ Fourth		Special	
	npaign Financing		П	Mid Ye		Semi-annua	1		
				Year E	nd	☐ Mid Ye	ar	10. Special Report Name	
Other:			ō	Final		Year E	nd	2000 pecini repore rinne	
8. Number of Fu	indraisers this	Report		Special	1	☐ Final			
The control of the control of the second sec	1					☐ Special			
3. Account Infor	rmation				3. Acco	ount Informati	ion		
a. Financial Insti	itution Full Na	m e				ncial Institutio	and the second second second second	ne .	
FIRST CITIZE	NS BANK								
b. Purpose		c. Account Code	e		b. Purp	ose		c. Account Code	
CAMPAIGN A	CCOUNT	D	LW						
		d. Period Begin	Balan	ce				d. Period Begin Balance	
		\$		631.10				\$	
CERTIFICATIO	N								
Chapter 163 of funds. I further Property of the Control of the Con	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    Nature of Appointed Treasurer   Date								
FOR OFFICE U	SEONLY	REIN	FIN						
Date Receive	1101	IIIN 9 0 20:	10	Employ	yee: _		- <u>De</u>	livery Method Normal Mail	
Date Postma	Date Postmarked: JUN 28 2018		Employ	yee: _		- 🖁	Registered Mail Hand Delivered		
Date Scanne	Date Scanned: By		Employ	yee: _		- 0	Electronically Filed		
Date Data Er	ntered:		-	Employ	/ee: _		- "	Signer has not received mandatory training	
Please Not								ittee address, treasurer,	
v		nt treasurer, cus d the Statement						2000	
	univill	Statement	V. V.5			July to man	VIIIIIIII	v viimiges.	

## **Detailed Summary**

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

Amendment

☑ Yes □ No

		MANUFACTOR OF THE PROPERTY OF THE PARTY OF T	3. ID Number
COMMITTEE TO ELECT DAVID WILLIAMS WARD 2017	Year End Ser	ni-	
Annu	ual		
Start of Election Cycle: January 1, 20	)17	Total this	Total this
4) Cash on Hand at Start		Reporting Period \$ 631.10	Election Cycle
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		<b>美国人的基本</b>	
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 c	and He)	\$ 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 a	nd 17)	\$ 1483.61	\$ 3422.31
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract li	ne 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 Individuals	Page	1	of	1	Amendm X Yes	
Optional form used to report NC Contributions From Individua						

1. Committe	e Full Name (and	Fund if applicable)		2.	ID Number	
COMMITT	EE TO ELECT D	AVID WILLIAMS	WARD 4			
3. Contribut	tor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yy	yy) f. Amount	
Add Remove	DLW	Cash		11/06/2017	\$	15.0
Add Remove	DLW	Cash		11/06/2017	\$	20.0
Add Remove	DLW	Cash		11/06/2017	\$	15.00
Add Remove	DLW	Check		11/27/2017	\$	25.00
Add Remove	DLW	Check		11/09/2017	\$	15.00
Add Remove	DLW	Cash		11/06/2017	\$	15.00
Add Remove	DLW	Cash		11/06/2017	\$	20.00
Add Remove	DLW	Check		11/27/2017	\$	50.00
Add Remove	DLW	Cash		11/06/2017	\$	15.00
Add Remove	DLW	Check		11/06/2017	\$	50.00
Add Remove	DLW	Cash		11/06/2017	\$	15.00
Add Remove	DLW	Cash		11/06/2017	\$	15.00
Add Remove	DLW	Check		11/06/2017	\$	35.00
. Total or		\$	\$305.00			
Total of		\$	\$305.00			

CRO-1205

NC State Board of Elections

April 2007

## Contributions from Individuals Pg 1 of 3 Amendment Yes Individual Contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

	mittee Full Name		2. ID Number				
COMM	IITTEE TO ELE	ECT DAVID WILLIAN	MS WARD 4				Marie and the second se
	ributor Informati				Remove		
	Name, Mailing Ad			b. Job Title	e/Profession	d. C	om m e n ts
	ide city, state, & z	.ip)		PARTNEI	R		
	LAS AUER 5th Ave NW			c. Employe	er's Name/Specific Field	I	
	ORY, NC 28601				ANDS INC	1	
					nibo nic	e. El	ection Sum to Date
						\$	327.16
f. Prior	g. Account Code		i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	) 1	k. Amount
	DLW	In-Kind	FACEBOOK .	AD	10/24/2017		\$ 25.00
	DLW	In-Kind	PRINTING - 0 DEPOT	OFFICE	10/31/2017		\$ 15.50
	DLW	In-Kind	FACEBOOK .	AD	10/31/2017		\$ 25.00
Control of the Contro	ributor Informati	A CONTRACTOR OF THE STATE OF TH		Add 🔲	Remove		
	lame, Mailing Add			b. Job Title	e/Profession	d. Co	omments
-	de city, state, & z	ip)		PARTNER	R		
	LAS AUER			- Employe	r's Name/Specific Field		
	5th Ave NW ORY, NC 28601				ANDS INC	+	
mekok1, NC 20001				CDG BIV	ANDS INC	e. El	ection Sum to Date
			ma_agunosassas_comp			\$	327.16
f. Prior	g. Account Code		i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k	k. Amount
	DLW	In-Kind	COFFEE - CH	IICK-FIL-A	11/07/2017		\$ 27.82
	DLW	In-Kind	FACEBOOK A	AD	11/10/2017		\$ 18.84
							\$
And the second second second second	ibutor Informati	- The state of the		Add 🔲	Remove		
	ame, Mailing Add			b. Job Title	/Profession	d. Co	omments
	de city, state, & zi	íp)					
	NON AUER			a Employe	r's Name/Specific Field	-	
NC				C. Employe.	r's Name/Specific Fiera	1	
						e. Ele	ection Sum to Date
						\$	301.09
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)	k	c. Amount
X	DLW	Cash			08/07/2017	9	\$ 15.00
	DLW	In-Kind	PRINTING - C DEPOT	OFFICE	10/24/2017		\$ 132.54
	DLW	In-Kind	PRINTING - C DEPOT	OFFICE	10/27/2017		\$ 90.95
4. Tota	l only this Pa	ge				\$	335.65
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$	1,047.85

## **Contributions from Individuals**

				Amendm	ent
Pg	2	of	3	X Yes	□ No

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

1. Com	mittee Full Name		2. ID Number					
COMM	TITTEE TO ELE	CT DAVID WILLIA	MS WARD 4				militario de la companio del companio de la companio del companio de la companio della companio de la companio della companio	and the second second second
	ributor Informati			Add 🔲 Re	emove			
	Name, Mailing Add			b. Job Title/Pr	rofession	d. (	Comments	
(inclu	ide city, state, & z	ip)						
SHAN NC	NON AUER			c. Employer's	Name/Specific Field			
						6.1	Election Sun	n to Date
						\$	action our	301.09
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)	_	k. Amount	
	DLW	In-Kind	SNACKS & V LOWES FOO	WATER -	11/07/2017		\$	21.40
	DLW	In-Kind	LUNCHES FO	OR	11/07/2017		s	41.20
							\$	
22/20/20/20/20/20/20/20/20/20/20/20/20/2	ributor Informati			ASSOCIATION CONTRACTOR	move			
	Name, Mailing Ado			b. Job Title/Pr	ofession	d. (	Comments	
-	ide city, state, & z	ip)		ATTORNEY				
FORREST FERRELL								
	X 2903				Name/Specific Field	-		
HICKORY, NC 28603					LARK, MACKIE,	_	G4! C	1. D.A.
				HANVEY &	FERRELL P.A.	e. r	Dection Sun	to Date
						\$		150.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	scription	j. Date (mm/dd/yyyy)		k. Amount	
	DLW	Check		•	11/27/2017		\$	150.00
							\$	
							\$	
3. Contr	ributor Informatio	on		Add 🔲 Rei	move			
	Jame, Mailing Add			b. Job Title/Pr		ld. (	Comments	
	de city, state, & zi			SURGEON		-	30mmc = 15	
RALPH	HMAXY			BORGEON				
	RD AVENUE CT	r nw		c. Employer's	Name/Specific Field			
	ORY, NC 28601			CAROLINA	ORTHOPAEDIC			
				SPECIALIST		e. F	lection Sum	to Date
		<b>*</b>				\$		300.00
f. Prior		The same of the sa	i. In-Kind Des	cription	j. Date (mm/dd/yyyy)		k. Amount	
	DLW	Check			12/18/2017		\$	300.00
							\$	
							\$	
4. Tota	al only this Pag	ge				\$		512.60
	al of ALL CRO	O-1210 Pages 6 of Detailed Summary P	Page CRO-1100)			\$		1,047.85
The state of the s	VS. Tr. street, convenient displaces Observing representation and displaces only	THE PART AND PART OF THE PART	AND A CONTRACTOR OF STREET AND ASSESSED.	NAMES AND RESIDENCE OF THE PROPERTY OF THE PRO				

Contribution	c from	Individ	loub	6
Contribution	SHOIII	muivi	uuai	S

					Amendment		
Contributions from Individuals	Pg	3	of	3	X Yes	☐ No	
Use this form to report individual contributions over \$50 or contributions	ons und	er \$50	if form	CRO 12	05 is not use	ed	

1. Com	mittee Full Name (		2. ID Number					
COMN	MITTEE TO ELEC	T DAVID WILLIA	MS WARD 4					
3. Cont	ributor Informatio	n skalledaring		Add $\square$	Remove			
	Name, Mailing Add		_	7	/Profession	d. C	ommen	ts
(incl	ude city, state, & zij	p)		CLEANIN	G SERVICES			
JERRY	Y THOMPSON					1		
	WRIGHT DR				r's Name/Specific Field	-		
HICK	ORY, NC 28601			J.T. CLEA	NING SERVICE	. 17	astion (	Sum to Date
						e. Election Sum to Dat		
						\$		70.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amoi	ınt
X	DLW	Cash			08/07/2017		\$	20.00
	DLW	Cash			11/06/2017		\$	50.00
							\$	
3. Cont	ributor Information	n de la		Add 🔲	Remove			
a. Full l	Name, Mailing Addr	ess & Phone		b. Job Title	/Profession	d. Comments		
(incl	ide city, state, & zip	D)		BARBER				
	D LEE WILLIAMS	3			1 1 6 15 5 11	1		
	H AVENUE SW			c. Employer's Name/Specific Field				
HICK	ORY, NC 28602			PLUSH KUTZ			ection S	Sum to Date
						\$		30.00
f. Prior		1. Form of Payment	i. In-Kind Des		j. Date (mm/dd/yyyy)	1	k. Amou	int
	DLW	In-Kind	WEBSITE & I WIX.COM	EMAIL	12/27/2017		\$	149.60
		753 mi - 100 - 100 mi					\$	
		2					\$	
4. Tota	al only this Page	e				\$		199.60
	al of ALL CRO	-1210 Pages of Detailed Summary 1	Paga CDO 1100			\$		1,047.85
CRO-12	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	of Dennied Summary 1	NC State Bo	ard of Floatio				April 2007

April 2007

Disbursen	nents								dment
		from the committ	aa fan e	manatina ama		of			
committees and	report expenditures coordinated party e	arom the committ xpenditures	ee for c	perating exper	ises	, contributi	ons to	candidate	/political
	ull Name (and Fund							2. ID Nun	iber
	TO ELECT DAVID	The second secon	ARD 4		-	NOTE OF THE PERSON OF THE PERS			
3. Type of Dis bu		use separate CRO				and the said was the last of t	The second second	The state of the s	
Operating Exp	Charles of the same of the sam	ributions to Candidat					ordinat	ed Party Ex	enditures
4. Payee Inform			Ц	BUILDER STREET	move as	nove		l. a	
	ailing Address & Pho	one		b. Coordinate	a Co	mmittee N	ame	d. Comme	nts
(include city, sta ADVENTIVE I				1					
1020 9TH AVE				c. Level Regis	tere	d (Specify)		1	
HICKORY, NO				☐ Federal	-	County:		1	
,				☐ State		☐ Municip	ality:	e. Election	Sum to Date
								s	223.33
6.1 .6.1	l =	lin Gi	I	<u> </u>	ī			AT-80	2000 000 000 000 000 000 000 000 000 00
	g. Form of Payment			(mm/dd/yyyy)				quired Ren	
DLW Check B 11/17/201			1/17/2017	\$	223.33	PAL	M CARDS		
					\$		Section 100		
4. Payee Inform	ation			Add 🗆	Rer	nove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinate	d Co	mmittee Na	ıme	d. Comme	nts
(include city, sta	ite, & zip)								
CUSTOM DES	IGN GROUP LLC								
391 10TH AVE				c. Level Regis	tere				
HICKORY, NO	28601			State		☐ County: ☐ Municip		a Flaction	Sum to Date
				State		ividificip	anty.	e. Election	Sum to Date
								\$	814.81
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Ren	arks
DLW	Debit Card	0	1	1/06/2017	\$	102.72	T-SI	HIRTS	
DLW	Check	0	1	1/06/2017	\$	220.96	T-SF	IIRTS	
4. Payee Inform	ation			Add 🔲	Ren	nove			
a. Full Name, Ma	ailing Address & Pho	one		b. Coordinated	d Co	mmittee Na	me	d. Comme	nts
(include city, sta	te, & zip)								
JASON'S DELI									
HICKORY, NO				c. Level Regist	terec	County:			
				State		Municip		e Flection	Sum to Date
				<u> </u>		- Mantelp	unty.		Sum to Date
								\$	221.85
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. A	mount	k. Re	quired Rem	arks
DLW	Debit Card	0	1	1/08/2017	\$	221.85	FOO	D FOR EL	ECTION
					\$		NIG	HT PARTY	7
5. Total only thi	s Page							\$	768.86
•	CRO-1310 Pages								
	n line 13a of Detailed S	ummary Page CRO-	1100 if	Operating Expen	nses)			¢	7/0.0/
(This line goes i	n line 13b of Detailed S	ummary Page CRO-	1100 if	Contrib to Cand	idate	s/Political Co	omm)	\$	768.86
(This line goes in	n line 13c of Detailed S	ummary Page CRO-	1100 if	Coordinated Par	ty Ex	penditures)			
7. Purpose Co	des (List detailed	expenditure code	in (h.) :	above)	70				
A* - Media	B* - Printin	g	C* - F	undraising		D-To	Anoth	er Candida	ite
E - Salaries	F* - Fauinme	nt	G-Po	litical Party		H* - H	lding	Public Of	ice Evpenses

O\* Other

I - Postage J - Penalties

K\* - Office Expenses

Q\* - Donation to Legal Expense Fund

Aggregated	Non	-Media	<b>Expenditures</b>
------------	-----	--------	---------------------

				Amendment					
Page _	1	_ of _	1_	X	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				
COMMITT	TEE TO ELECT	DAVID WILLIAMS	S WARD 4						
3. Payee Inf	ormation								
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/do	l/yyyy)	f. Amo	ount	g. Required Remarks	
☐ Add ☐ Remove	DLW	Debit Card	O 11/08/2017			\$	3.21	BEVERAGES FOR ELECTION NIGHT	
☐ Add ☐ Remove	DLW	Debit Card	0	11/08/2017		\$	14.09	WATER FOR ELECTION	
4. Total o	nly this Page					\$		17.30	
	f ALL CRO-1 nust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)			\$		17.30	
6. Purpos	e Codes (List o	detailed expenditu	re code in (d) a	bove)					
	B*	- Printing				To Another Candidate			
E - Salar	ies F*	- Equipment	THE PERSON AND PROPERTY OF THE PROPERTY OF THE PERSON NAMED IN THE			- Holding Public Office Expenses			
I - Posta O* - Ot	CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE	Penalties	K* - Office Expenses Q* - Donations to Legal Expense F					THE REPORT OF THE PROPERTY OF	
		led explanation i	n required ren	narks field (g	2)				

CRO-1315 NC State Board of Elections December 2009

			From the Co			_	Amendmen Yes	nt No	
1. Committee Ful	THE RESERVE OF THE PARTY OF THE	And the second of the second o	sements, including co	ontributions ret	urned to the contrib	0.00	D Number		
			ILLIAMS WARD 4			1	Divamber		
3. Payee Informa	tion			Add 🗖 R	Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Type of Committee  Candidate PAC			g. Comments			
DAVID LEE WI	LLIAM	1S		Referendum					
308 6TH AVEN	UE SW			e. Level Registered (Specify)  Federal County:  State Municipality:			h. Original Receipt Date 12/27/2017		
HICKORY, NC	28602								
							i. Original Receipt Amoun		
						\$		149.60	
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose Code			j. Hection Sum to Date		
BARBER		PLUSH KUTZ		P		\$		30.00	
k. Account Code	l. Forn	n of Payment	m. Required Reman	rks	n. Date (mm/dd/y	ууу)	o. Amount		
DLW	Check		WEBSITE & EMAIL V	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-110			0)	\$			149.60		
6. Purpose Cod	les (List	detailed disbu	rsement code in (f) al	bove)					
L - Returned to P* - Reimburs	ement o	f In-Kin O*	Overpayment for Se Other		N - Exceed	led (	Contibution	Limit	
	e detail	ed explanation	in required remarks						
CRO-1320			NC State Boa	rd of Elections				July 200	

In-Kind Contributions	D.	ı <sup>l</sup> of	2	Amendm	ent No		
Use this form to report non-monetary contributions,							
Use CRO-1215 if In-Kind Contributions were or			i to the cor	innitice of	iulia.		
1. Committee Full Name (and Fund if applicable			[2, ID]	Number	(6) (6) (6) (6) (6) (6) (6) (6) (6) (6)		
COMMITTEE TO ELECT DAVID WILLIAM	The state of the s						
3. Contributor Information	□ Add □ Re	emove					
a. Full Name, Mailing Address & Phone	b. Type of Co		c. Con	ments			
(include city, state, & zip)	X Individual						
DOUGLAS AUER	☐ Candidate						
1036 15th Ave NW	☐ Party						
HICKORY, NC 28601	☐ PAC						
	Referendu		d. Hec	lection Sum to Date			
	Other Rec	eipt Source	\$		327.16		
e. Description		f. Date (mm	/dd/yyyy)	g. Fair M	arket Amount		
FACEBOOK AD		10/24/2	2017	\$	25.00		
PRINTING - OFFICE DEPOT		10/31/2	2017	\$	15.50		
FACEBOOK AD		10/31/2017		\$	25.00		
3. Contributor Information	☐ Add ☐ Re	emove					
a. Full Name, Mailing Address & Phone	b. Type of Co	ntributor	c. Com	ments			
(include city, state, & zip)	■ Individual		Jenson Statistical Action				
DOUGLAS AUER	☐ Candidate						
1036 15th Ave NW	Party						
HICKORY, NC 28601	☐ PAC ☐ Referendum ☐ Other Receipt Source		1.17				
×			d. Hec	ction Sum to Date			
			\$		327.16		
e. Description		f. Date (mm	/dd/yyyy)	g. Fair M	arket Amount		
COFFEE - CHICK-FIL-A		11/07/2	2017	\$	27.82		
FACEBOOK AD		11/10/2017		\$	18.84		
				\$			
3. Contributor Information	☐ Add ☐ Re	emove					
a. Full Name, Mailing Address & Phone	b. Type of Co	n tri bu tor	c. Com	ments			
(include city, state, & zip)	Individual						
SHANNON AUER	Candidate						
NC	Party						
	PAC		1.5	C	<b>.</b>		
	Referendur	n cipt Source	a. Hec	tion Sum t	o Date		
	U Other Reco	apt source	\$		301.09		

f. Date (mm/dd/yyyy)

10/24/2017

10/27/2017

e. Description

PRINTING - OFFICE DEPOT

PRINTING - OFFICE DEPOT

132.54

90.95

g. Fair Market Amount

\$

\$

In-Kind Contributions		of	2	Amendmen	□ No		
Use this form to report non-monetary contributions Use CRO-1215 if In-Kind Contributions were or			to the con	nmittee or fun	d.		
1. Committee Full Name (and Fund if applicable		i / days.	2. ID	Number			
COMMITTEE TO ELECT DAVID WILLIAM	MS WARD 4	Cornel Street, Company and Company and Company			and the state of t		
3. Contributor Information	☐ Add ☐ Re	move					
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments			
(include city, state, & zip)	X Individual						
SHANNON AUER NC	Candidate Party PAC						
	☐ Referendum	ı	d. Election Sum to Date				
	Other Rece	ipt Source	\$	\$			
e. Description		f. Date (mm	/dd/yyyy)	g. Fair Marl	ket Amount		
LUNCHES FOR VOLUNTEERS - CENTER STREET EATS		11/07/	2017	\$	41.20		
				\$			
				\$			
3. Contributor Information	☐ Add ☐ Re	move					
a. Full Name, Mailing Address & Phone	b. Type of Con	tributor	c. Com	ments			
(include city, state, & zip)	■ Individual						
DAVID LEE WILLIAMS 308 6TH AVENUE SW	☐ Candidate ☐ Party ☐ PAC						
HICKORY, NC 28602	Referendum	i	d. Flec	d. Election Sum to Date			
	Other Rece	ipt Source	\$		30.00		
e. Description		f. Date (mm	/dd/yyyy)	g. Fair Marl	ket Amount		
WEBSITE & EMAIL WIX.COM		12/27/	2017		140.60		

NC State Board of Elections CRO-1510 December 2007

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)

12/27/2017

\$

\$

\$

\$

\$

149.60

190.80

547.85