


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 HAYWOOD COUNTY REC		c. ID Number STA-C4232n-C-001	
b. Mailing Address (include City, State and Zip Code) 1812 MC CLURE CREEK RD CANTON, NC 28716		d. Date Filed AUG 01 2017	
		e. Phone Number 828.648.0075	
2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Name of Treasurer
2017	01/01/2017	06/30/2017	PATRICIA P. CARR
6. Type of Committee (Check One)		9. Type of Report (check only category of report from all categories)	
<input type="checkbox"/> Candidate Campaign Party <input checked="" type="checkbox"/> PAC Referendum <input type="checkbox"/> Independent Joint Fundraiser <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input 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 checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <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 checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		AUG 09 2017 SCANNED	
11. Account Information		12. Account Information	
a. Financial Institution Full Name HOME TRUST BANK		a. Financial Institution Full Name PAYPAL	
b. Purpose OPERATING EXPENSES	c. Account Code 01	b. Purpose RECEIVE CONTRIBUTIONS	c. Account Code 02
	d. Period Begin Balance \$ 817.65		d. Period Begin Balance \$ 0.00
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 of Elections.			
PATRICIA P. CARR Printed Name of Signer		 Signature of Appointed Treasurer	July 28, 2017 Date
FOR OFFICE USE ONLY			
Date Received: _____	Employee: _____	Delivery Method <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: _____		
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.

HAYWOOD COUNTY REC		2017 MID YEAR SEMI-ANNUAL	STA-C4232N-C-001
Start of Election Cycle:	January 1,	2017	
		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 7,028.95	\$ 7,028.95
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 47.41	\$ 47.41
6) Contributions from Individuals	(CRO-1210)	\$ 1,592.00	\$ 1,592.00
7) Contributions from Political Party Committees	(CRO-1220)	\$.00	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$.00	\$
9) Loan Proceeds	(CRO-1410)	\$.00	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 1,240.00	\$ 1,240.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$.00	\$.00
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$.00	\$.00
11c) Outside Sources of Income	(CRO-1250)	\$.00	\$.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$.00	\$.00
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$.00	\$.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,879.41	\$ 2,879.41
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 4,338.01	\$ 4,338.01
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 212.00	\$ 212.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$.00	\$.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 91.78	\$ 91.78
15) Loan Repayments	(CRO-1420)	\$.00	\$.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 864.71	\$ 864.71
17) In-Kind Contributions	(CRO-1510)	\$ 47.41	\$ 47.41
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5,553.91	\$ 5,553.91
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4,354.45	\$ SCANNED
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)	\$ 35.00	
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)	\$	\$

Contributions from Individuals

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

HAYWOOD COUNTY REC					STA-C4232N-C-001	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
UNIDENTIFIED PERSONS			c. Employer's Name/Specific Field		PRIOR TREASURER'S RECORDS INSUFFICIENT TO IDENTIFY DONORS	
			e. Election Sum to Date			
\$					1,592.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	UNKNOWN		01/01/2017	\$ 1,000.00	
<input type="checkbox"/>	01	UNKNOWN		01/11/2017	\$ 130.00	
<input type="checkbox"/>	01	UNKNOWN		01/23/2017	\$ 154.00	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
UNIDENTIFIED PERSONS			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
\$					1,592.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	UNKNOWN		01/31/2017	\$ 308.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
\$						
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this page					\$ 1,592.00	
5. Total of page					\$ 1,592.00	

Refunds/Reimbursements To the Committee

P g 1 of 1 Amendment Yes No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

HAYWOOD COUNTY REC				STA-C4232N-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) TOWN OF WAYNESVILLE 9 S MAIN ST WAYNESVILLE, NC 28786		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date 12/23/2016	
				i. Original Expenditure Amt \$ 240.00	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose RETURN OF UTILITY SECURITY DEPOSIT		j. Election Sum to Date \$ 240.00	
k. Account Code 01	l. Form of Payment CHECK	m. In-Kind Description	n. Date (mm/dd/yyyy) 03/10/2017	o. Amount \$ 240.00	
3. Contributor					
a. Full Name, Mailing Address & Phone (include city, state, & zip) WAYNE DB LLC		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date 9/23/16	
				i. Original Expenditure Amt \$ 1,000.00	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose RETURN OF RENT SECURITY DEPOSIT		j. Election Sum to Date \$ 1,000.00	
k. Account Code 01	l. Form of Payment UNKNOWN	m. In-Kind Description	n. Date (mm/dd/yyyy) 03/10/2017	o. Amount \$ 1,000.00	
3. Contributor					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		h. Original Expenditure Date	
				i. Original Expenditure Amt \$	
b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose		j. Election Sum to Date \$	
k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount \$	
4. Total by this form				\$ 1,240.00	
5. Total of ALL CRO-1240 forms (This box must be completed by the committee)				\$ 1,240.00	

Disbursements

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

1. Committee Name HAYWOOD COUNTY REC						2. ID Number STA-C4232N-C-001
3. Type of Expenditure <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Party Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WESTERN CAROLINA TACTICAL RESOURCE 130 FRAZIER ST 2 WAYNESVILLE, NC 28786			b. Coordinated Committee Name		d. Comments SHIRTS, AR-15, TICKETS	
			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 \$ 1,372.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	C FUNDRAISING	01/05/2017	\$ 442.50	MERCHANDISE PURCHASED	
01	CHECK	C FUNDRAISING	01/12/2017	\$ 614.72	MERCHANDISE PURCHASED	
4. Party Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WESTERN CAROLINA TACTICAL RESOURCE 130 FRAZIER ST 2 WAYNESVILLE, NC 28786			b. Coordinated Committee Name		d. Comments SHIRTS	
			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 \$ 1,372.22	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	C FUNDRAISING	02/08/2017	\$ 315.00	MERCHANDISE PURCHASED	
				\$		
4. Party Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) SPECIALTY LOCK & DOOR 3101 DELLWOOD RD WAYNESVILLE, NC 28786			b. Coordinated Committee Name		d. Comments	
			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 \$ 97.67	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	K OFFICE EXP	01/06/2017	\$ 97.67	RE KEY DOOR LOCK	
				\$		
5. Total only this Page					\$ 1,469.89	
6. Total of ALL CRO-1100 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)					\$ 4,550.01	
7. Purpose Code						
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						

Disbursements

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

1. Committee Name HAYWOOD COUNTY REC						STA-C4232N-C-001
3. Type of Expenditure						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) HOME TRUST BANK PO BOX 10 ASHEVILLE, NC 28802-0010			b. Coordinated Committee Name 		d. Comments 	
			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 \$ 105.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	K OFFICE EXPENSE	01/12/2017	\$ 60.00	PHOTOCOPIES	
01	CHECK	K OFFICE EXPENSE	01/17/2017	\$ 10.00	ACCT RESEARCH	
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) HOME TRUST BANK PO BOX 10 ASHEVILLE, NC 28802-0010			b. Coordinated Committee Name 		d. Comments 	
			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 \$ 105.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	K OFFICE EXPENSE	01/19/2017	\$ 35.00	PHOTOCOPIES	
				\$		
4. Payee Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE MOUNTAINEER NEWSPAPER 220 N MAIN WAYNESVILLE, NC 28786			b. Coordinated Committee Name 		d. Comments 	
			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 \$ 130.96	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	A MEDIA	01/30/2017	\$ 66.24	PRECINCT MTG NOTICE	
01	CHECK	A MEDIA	03/07/2017	\$ 64.72	CONVENTION NOTICE	
5. Total only this Page						\$ 235.96
6. Total of All Pages						\$ 4,550.01
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Code						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		H* - Holding Public Office Expenses	
E - Salaries	F* - Equipment	G - Political Party	I* - Holding Public Office Expenses		Q* - Donation to Legal Expense Fund	
I - Postage	J - Penalties	K* - Office Expenses				
O* - Other						
* Codes remain detailed						

Disbursements

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

1. Committee Name HAYWOOD COUNTY REC						STA-C4232N-C-001
3. Type of Expenditure						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Expense Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WAL-MART			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
\$ 82.00						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	K OFFICE EXPENSE	01-18-2017	\$ 24.58	INK CARTRIDGE	
01	CHECK	K OFFICE EXPENSE	02/02/2017	\$ 24.58	INK CARTRIDGE	
4. Expense Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) WAL-MART			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
\$ 82.00						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	K OFFICE EXPENSE	03/09/2017	\$ 32.84	INK CARTRIDGE, PAPER	
				\$		
4. Expense Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHARTER SPECTRUM INTERNET			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
\$ 299.98						
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
01	CHECK	K OFFICE EXPENSE	02/01/2017	\$ 149.89	PHONE, INTERNET, TV	
01	CHECK	K OFFICE EXPENSE	03/06/2017	\$ 149.89	PHONE, INTERNET, TV	
5. Total only this page						
\$ 381.78						
6. Total of all pages						
\$ 4,550.01						
7. Purpose Codes						
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						

Disbursements

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

1. Committee					
HAYWOOD COUNTY REC					STA-C4232N-C-001
3. Type of Disbursement					
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures	
4. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
TOWN OF WAYNESVILLE 9 S MAIN ST WAYNESVILLE, NC 28786					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 334.38	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CHECK	K OFFICE EXPENSE	02/08/2017	\$ 146.65	UTILITIES
01	CHECK	K OFFICE EXPENSE	02/24/2017	\$ 181.73	UTILITIES
4. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
WAYNE PB LLC					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 650.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CHECK	O OTHER	02/01/2017	\$ 650.00	OFFICE RENT
				\$	
4. Payee Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
FARMWORKS LLC 5095 OLD RIVER RD. WAYNESVILLE, NC 28786					
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 800.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CHECK	O OTHER	03/31/2017	\$ 800.00	PRECINCT MTG & PREP RENTAL
				\$	
5. Total by Purpose Code					\$ 1,778.38
6. Total by Type of Disbursement					\$ 4,550.01
(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)					
7. Purpose Code					
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					

Disbursements

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

1. Committee Name HAYWOOD COUNTY REC					2. ID Number STA-C4232N-C-001
3. Type of Disbursement <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Disbursement Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
NC BOARD OF ELECTIONS PO BOX 27255 RALEIGH, NC 27611-7255		c. Level Registered (Specify)		e. Election Sum to Date \$ 472.00	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	CHECK	J PENALTIES	06/30/17	\$ 472.00	CONTRIBUTION CASH LIMIT EXCEEDED
				\$	
4. Party Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date \$	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Party Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date \$	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Form					\$ 472.00
6. Total of ALL FORMS <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4,550.01
7. Purpose Codes					
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					

Disbursements

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

1. Committee Name						2. Committee ID	
HAYWOOD COUNTY REC						STA-C4232N-C-001	
3. Type of Disbursement							
<input type="checkbox"/> Operating Expenses		<input checked="" type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Party Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
NORTH CAROLINA REPUBLICAN PARTY 1506 HILLSBOROUGH ST RALEIGH, NC 27605							
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 212.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	CHECK	G POLITICAL PARTY	03/29/2017	\$ 212.00	DELEGATE FEES FOR CONVENTIONS		
				\$			
4. Party Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Party Information							
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments		
			c. Level Registered (Specify)		e. Election Sum to Date		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page					\$ 212.00		
6. Total of All Pages					\$ 4,550.01		
(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)							
7. Purpose Code							
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		H* - Holding Public Office Expenses		
E - Salaries	F* - Equipment	G - Political Party	K* - Office Expenses		Q* - Donation to Legal Expense Fund		
I - Postage	J - Penalties						
O* - Other							

Refunds/Reimbursements From the Committee

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

HAYWOOD COUNTY REC			STA-C4232N-C-001		
1. Payee Information			2. Committee Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
TED CARR 1812 MCCLURE CREEK RD CANTON, NC 28716		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 86.71	
		f. Purpose Code		j. Election Sum to Date	
		O OTHER		\$ 336.71	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
RETIRED ELECTRICAL ENGINEER				01	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK	REIM FOR PRECINCT MTG NOTICE AD		01/24/2017	\$ 86.71	
3. Payee Information			4. Committee Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
TED CARR 1812 MCCLURE CREEK RD CANTON, NC 28716		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 75.00	
		f. Purpose Code		j. Election Sum to Date	
		O OTHER		\$ 336.71	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
RETIRED ELECTRICAL ENGINEER				01	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK	REIM FOR OFFICE RENTAL FOR 4/28/17 MTG			\$ 75.00	
3. Payee Information			4. Committee Information		
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date	
TED CARR 1812 MCCLURE CREEK RD CANTON, NC 28716		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered (Specify)		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 125.00	
		f. Purpose Code		j. Election Sum to Date	
		O OTHER		\$ 336.71	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
RETIRED ELECTRICAL ENGINEER				01	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK	REIM FOR COURTHOUSE RENTAL FOR CONVENTION N.B. THE \$50 EXCESS REIMBURSEMENT WAS RETURNED TO HC REC 7/6/17		04/10/2017	\$ 175.00	
4. Total only this page			\$ 336.71		
5. Total of ALL CARRIES			\$ 864.71		
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other					

Refunds/Reimbursements From the Committee

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

HAYWOOD COUNTY REC		STA-C4232N-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) KENNETH HENSON 181 BOB HENSON RD CANTON, NC 28716		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount \$ 300.00	
		f. Purpose Code L REIMBURSED TO CONTRIBUTOR	
		j. Election Sum to Date \$ 450.00	
b. Job Title/Profession CONTRACTOR & RANCHER	c. Employer's Name/Specific Field SELF EMPLOYED	g. Comments	k. Account Code 01
l. Form of Payment CHECK	m. Required Remarks HENSON CONSTRUCTION CHECK DONATION RETURNED	n. Date (mm/dd/yyyy) 01/12/2017	o. Amount \$ 300.00
3. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip) KENNETH HENSON 181 BOB HENSON RD CANTON, NC 28716		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount \$ 75.00	
		f. Purpose Code O OTHER	
		j. Election Sum to Date \$ 450.00	
b. Job Title/Profession CONTRACTOR & RANCHER	c. Employer's Name/Specific Field SELF EMPLOYED	g. Comments	k. Account Code 01
l. Form of Payment CHECK	m. Required Remarks REIM RENT PD FOR OFFICE RENTAL FOR 12/13/16 MEETING	n. Date (mm/dd/yyyy) 01/31/2017	o. Amount \$ 75.00
3. Payee Information			
a. Full Name, Mailing Address & Phone (include city, state, & zip) KENNETH HENSON 181 BOB HENSON RD CANTON, NC 28716		d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount \$ 75.00	
		f. Purpose Code L RETURNED TO CONTRIBUTOR	
		j. Election Sum to Date \$ 450.00	
b. Job Title/Profession CONTRACTOR & RANCHER	c. Employer's Name/Specific Field SELF EMPLOYED	g. Comments	k. Account Code 01
l. Form of Payment CHECK	m. Required Remarks REIM RENT PD FOR OFFICE RENTAL FOR 5/09/2017 MEETING	n. Date (mm/dd/yyyy) 05/09/2017	o. Amount \$ 75.00
4. Total of		\$ 450.00	
5. Total of		\$ 864.71	
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other			
* Codes			

In-Kind Contributions

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.

HAYWOOD COUNTY REC		STA-C4232N-C-001
2. Contributions		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
DEBBIE KING 296 ROUGHWATER POINT CANTON, NC 28716	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$ 47.41
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR SOCIAL 3/28/2017	03/28/2017	\$ 18.12
FOOD FOR SOCIAL 5/9/2017	05/09/2017	\$ 29.29
		\$
3. Contributions		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Contributions		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total of All In-Kind Contributions		\$ 47.41
5. Total of All Contributions (This line must equal line 4.)		\$ 47.41

Patricia P. Carr
1812 McClure Creek Road
Canton, NC 28716
828.648.0075

July 28, 2017

NC Board of Elections
P.O. Box 27255
Raleigh, NC 27611-7255

Attn.: Mr. Joe Patton

Re: STA-C4232N-C-001 Haywood County Republican Party 2017 MYSA Report

Ladies/Gentlemen:

With regard to the above, the following forms are enclosed:
1100 Detailed Summary, page 1
1205 Aggregated Contributions From Individuals
1210 Contributions From Individuals, page 1
1240 Refunds/Reimbursements to the Committee, page 1
1310 Disbursements, pages 1-6
1315 Aggregated Non-Media Expenditures, page 1
1320 Refunds/Reimbursements From the Committee, pages 1-3
1510 In-Kind Contributions, page 1

SCANNED

AUG 09 2017

MEW

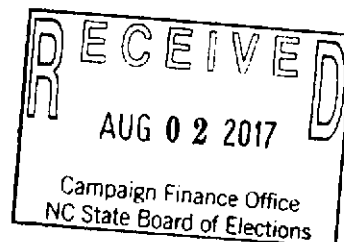
With regard to the two 2015 and four 2016 reports, I have created ledgers for each of the six periods, based on information reflected in the bank statements. Although the records maintained by the prior Treasurer were not adequate to permit perfect reporting, I am continuing to work on the amendatory reports for those periods. Please accept my grateful thanks for all the help Mr. Patton and Ms. Williams have supplied in obtaining the required data.

Sincerely,

Patricia P. Carr
Patricia P. Carr
Treasurer

PPC:ms

C:\A-GOP\BoE NC\2017\BoE Correspondence.wpd





Retail

P

**US POSTAGE PAID
\$7.10**

Origin: 28786

Destination: 27611

0 Lb 3.90 Oz

Jul 26, 17

366840796-02

1024

PRIORITY MAIL 2-DAY

Expected Delivery Day: 07/31/2017

B026

PRIORITY MAIL



For Domestic Use Only

Label 107R, July 2013

Ms. Patricia P. Carr
1812 McClure Creek Rd
Canton, NC 28716

NC Board of Elections
P.O. Box 27255
Raleigh, NC 27611-7255

Attn.: Mr. Joe Patton



USPS TRACKING NUMBER

9505 5143 8547 7209 1213 25

Ms. Patricia Carr
1812 McClure Creek Rd
Canton, NC 28716

NC Board of Elections
P.O. Box 27255
Raleigh, NC 27611-7255

Attn: Mr. Joe Patton



GREENVILLE SC 29611
201 JUN 2007 PM 2:1

