losure Report Cover

Amendment ☐ Yes ☐ No

s form for general report and committee information, must be signed and submitted along with other detailed forms.
...t use this form to update information.

1. Committee Information

a. Full Name	c. ID Number
CTE Williams	OGL463
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
143 S. Steele St. Sanford, NC 27330	
	e. Phone Number (919) 770-2386

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2014	10/21/14		Lora Smith Wright

6. Type of Committee (Check One)
- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*
- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☒ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	
Capital Bank	
b. Purpose	**c. Account Code**
BOE Race	LSW9266
	d. Period Begin Balance
	$ 798.00

11. Account Information

a. Financial Institution Full Name	
b. Purpose	**c. Account Code**
	d. Period Begin Balance
	$

CERTIFICATION

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

Lora S. Wright	[signature]	12/10/14
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	12/11/14	Employee:	[signature]
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		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.

LEE COUNTY

Detailed Summary

Amendment ☐ Yes ☐ 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
CTE Williams		0624463

Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 798-	$ -0-
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$ 240.00
6) Contributions from Individuals	(CRO-1210)	$ 300.00	$ 1200.00
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$	$ 770.00
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)		$ 1098.00	$ 2210.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 605.91	$ 1717.41
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)	$ 392.51	$ 392.51
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$	$
17) In-Kind Contributions	(CRO-1510)	$ 100.00	$ 100.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 1098.00	$ 2210.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ -0-	$ -0-
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)	$ 377.41	$ 377.41
27) 48-Hour Notice Reports Sum	(CRO-2220)	$	$
28) Contributions to be Refunded	(CRO-1215)	$	$

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Contributions from Individuals

Pg ____ of ____ 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
CTE Williams	06L463

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Lora Smith Wright 1225 Cool Springs Rd. Sanford, NC 27330 (919) 770-2386	Jeweler	Owner Southern Jewelers		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		Check		10/31/2014	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	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
☐					$
☐					$
☐					$

4. Total only this Page	$
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

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Disbursements

Pg ____ of ____ 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
CTE Williams	OGL463

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Hometown News 1509 Pinehurst St. Sanford, NC 27330	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Advertisement 2x2 A01
		e. Election Sum to Date $ 32.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check	A	10/24/2014	$ 32.00	2x2 AD
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Edna Faushee 1912 Knollwood Dr. Sanford, NC 27330 (919) 775-7451	c. Level Registered (Specify) ☐ Federal ☑ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 66.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	check	O	11/04/2014	$ 66.80	Food for poll worker Supper
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

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	$
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)*	$

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)**

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Disbursements

Pg ____ of ____ 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
CTE Williams	OGL463

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Linda Ferguson 2105 Woodcrest Dr. Sanford, NC 27330 (919) 770-5662	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Food for meet the candidate e. Election Sum to Date $ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check		10/21/2014	$ 200.00	Food cost only for meet the candidate
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
God's Promise Main St. Sanford, NC 27330	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	Rental of Fellowship Hall e. Election Sum to Date $ 45.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check		10/21/2014	$ 45.00	rental of Building for meet the candidate
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
J+L Designs 108 W. Main St. Sanford, NC 27330 919-777-5923	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	T-shirts for poll workers Advertisement e. Election Sum to Date $ 261.61

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	Check		10/29/2014	$ 261.61	T-shirts Advertisement
				$	

5. Total only this Page	$ 506.61
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)*	$ 605.41

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)**

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In-Kind Contributions

Pg ____ of ____ 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
CTE Williams	OGL463

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Linda Ferguson 2105 Woodcrest Dr. Sanford, NC 27330 (919)770-5662	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Labor for cooking food for meet candidate **d. Election Sum to Date** $ 40.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
labor for cooking Luncheon Meet the Candidate	10/21/2014	$ 40.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Edna Faushee 1912 Knollwood Dr. Sanford, NC 27330 (919) 775-7451	☑ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	Labor for cooking for Election night **d. Election Sum to Date** $ 60.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
labor for cooking dinner for poll workers		$ 60.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	 **d. Election Sum to Date** $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

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)*	$

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Outstanding Loans

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CTE Williams	OGL463

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Shawn Williams Hickory Hill Dr. Sanford, NC 27330 1-252-671-0472	Reverand + American Airlines	
	c. Employer's Name/Specific Field	**e. Start Date (mm/dd/yyyy)**
	God's Promise ↓ American Airlines	
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 385.00	$ 385.00

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Shawn Williams Hickory Hill Dr. Sanford, NC 27330 1-252-671-0472	Reverand + Reservations AA	
	c. Employer's Name/Specific Field	**e. Start Date (mm/dd/yyyy)**
	God's Promise ↓ American Airlines	
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$ 385.00	$ 385.00

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	**e. Start Date (mm/dd/yyyy)**
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$	$

k. Full Name of Lending Institution	l. Loan Number

4. Total only this Page	$ 770.-
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 770.-

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Forgiven Loans

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report any loan which has been forgiven by the lender.
A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CTE Williams	OGL463

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
Shawn Williams Hickory Hill Dr. Sanford, NC 27330 1-252-671-0472	for payment of signs on Visa	
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		$ 37741
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	$ 37741	10/4/2014
	e. Remaining Loan Balance	h. Forgiven Amount
	$	$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	$	
	e. Remaining Loan Balance	h. Forgiven Amount
	$	$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date
		$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	$	
	e. Remaining Loan Balance	h. Forgiven Amount
	$	$

43741
33259.
77000

4. Total only this Page	$
5. Total of ALL CRO-1440 Pages *(This line must be on line 26 of Detailed Summary Page CRO-1100)*	$ 37741

The lender information should contain the same information as supplied on the original loan proceed statement.

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Loan Repayments

Pg ____ of ____ Amendment ☐ Yes ☐ No

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CTE Williams	DGL463

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
Shawn Williams Hickory Hill Dr. Sanford, NC 27330 1-252-671-0472	c. Original Loan Date: 10/4/2014 d. Original Loan Amount: $ 770.00

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$ 43741			12/11/2014	$ 392.59
$				$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Original Loan Date d. Original Loan Amount: $

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Original Loan Date d. Original Loan Amount: $

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

4. Total only this Page	$
5. Total of ALL CRO-1420 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$

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