## **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

Amendment

Yes

No

1. Committee Information								
a. Full Name		c. ID Number						
Cindy Blackwell for Clerk & Court								
b. Mailing Address (include (	d. Date Filed							
	4 5 17							
Post Office		e. Phone Number						
Samitterill	910.824.9446							
2. Report Year 3. F	eriod Start Date (mm/o	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Full N	al inservation destruction and the second			
2017	3/30/2017	40	117	Cynthia F	Stackyrell			
6. Type of Committee (	Check One)	9. Type of Report	(check on	ly one type of report f	from one category)			
Candidate Campaign	Party	Municipal	State/C	County	Referendum			
PAC PAC	Referendum	Organizationa		Organizational	Organizational			
Independent Expenditure Legal Expense Fund	Joint Fundraiser	Thirty-five day	y   · (	Quarterly	Pre-referendum			
	applicable, check one)	Pre-primary		First	Final			
"Booster Fund"	11 /	Pre-election	IH	Second	Supplemental Final			
Building Fund		Pre-runoff		Third	Annual			
		Semi-annual		Fourth				
		Mid Yea	r –	Semi-annual				
Other:		Year End		Mid Year	10. Special Report Name			
		Final 🗌		Year End				
8. Number of Fundraise	ers this Report	Special Special		Final				
Ø				Special				
11. Account Information	n	The second states in the	11. Account ]	Information				
a. Financial Institution Full N	ame			itution Full Name				
BB+T								
b. Purpose	c. Account Code		b. Purpose		c. Account Code			
X- 111	CAL							
Jor all	d. Period Begin Balance	e			d. Period Begin Balance			
Campaign	\$ >>							
expenses	° Q				\$			
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. CC 11								
Cynthiag Blackwell (SUSDALL) 4151177								
Printed Name of Signer Signature of Appointed Treasurer Date								
FOR OFFICE USE ONLY	llelin		h	· .	aliyom Mathad			
Date Received:	413111	Employee:	Un	<u>k</u> į	Delivery Method Normal Mail			
Date Postmarked:	2	Employee:		b	Registered Mail Hand Delivered			
Date Scanned:		Employee:		[	<ul> <li>Electronically Filed</li> <li>Signer has not received</li> </ul>			
Date Data Entered:		Employee:			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.								
	- many annona the blate	mont of Organization	1 UNO-2100A.	LI TO MARE COMMITTEE	o onangos.			

Detailed Summary       Amendment         Use this form to summarize all disclosure reporting forms and to total monetary information.       Yes					
		3. ID Number			
Cindy Blackwell of Clerk of Court	Organiz				
Start of Election Cycle: January 1,	2015	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 0	\$		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	\$ 266-	<sup>∨</sup> \$		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
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 Organization	is <i>(CRO-1250)</i>	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	lld and lle)	s 266-	\$		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$	\$		
13b) Contributions to Candidates/Political Committe	es (CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$		
17) In-Kind Contributions	(CRO-1510)	\$ 166-	√ <b>\$</b>		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	16 and 17)	\$ 166-	\$		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra	ct line 18)	\$ 100-	\$		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$	\$		
26) Forgiven Loans	(CRO-1440)	\$	\$		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		

	A CARL CONTRACTOR OF THE CARL CONTRACT OF THE CARL HAVE	m Individuals	over \$5	Pg 0 or contributions unde	of er \$50 if form CR	O 1205 is no	Amendmen Yes ot used	t No
		(and Fund if applica				2. ID Nun	the second se	
Cin		well for	Cle	k of Court				
and the second second second	ibutor Informatio				nove			
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	<u></u>	d. Comment	ts	
		1 .(0		Buiness Rel Manager c. Employer's Name/Spi			lidate	<b>_</b>
	nia6.Blac	Kylll		MC adminiz	e. Election Sum to Date			
	Beard	124						
Participant of the	de, no zi				- Courts	sal	ele <sup>a</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	
	CA1	Check			3/30/17		\$ 10	5-
			PO	Box Rental	333/17		\$ 60	-P
			Cel	liphone	33017		\$ 100	5
3. Contri	butor Informatio	n		Add 🗌 Rem	love		19201000	10 N 3
	ie, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	\$	
(Include	city, state, & zip)			-				
				c. Employer's Name/Spe	cific Field			
						e. Election S	um to Date	
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/yy	yy)	k. Amount	
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							\$	
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	e, Mailing Address & city, state, & zip)	2 Phone		b. Job Title/Profession		d. Comments	S	
(	, , , , , , , , , , , , , , , , , , ,			-				
				c. Employer's Name/Spe	cific Field			
						e. Election Su	um to Date	
						\$		8
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	j. Date (mm/dd/yy	yy)	k. Amount	
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			10 10				\$	
							\$	
4. Total only this Page					\$	aldo-		
	of ALL CRO-	Control Contractor and Control of	- B			\$	<u> 2667</u> 266	
(This line must be on line 6 of Detailed Summary Page CRO-1100)						aure		

In-Kind Contributions					Amendment		
Use this form to report non-monetary contributions, donations, go	ode or ca		Pg of		_ L Yes L No		
Use CRO-1215 if In-Kind Contributions were or will be refunded				c com	initice of fund.		
1. Committee Full Name (and Fund if applicable)	2. ID Number						
Cindy Blackwell for Clerk of C	our	t					
	Remove	and a					
a. Full Name, Mailing Address & Phone		_	ontributor	c. Con	nments		
(include city, state, & zip)			vidual				
Cynthia G. Blackwell		Cand Party	lidate				
1500 B Duckull	PAC Referendum Other Receipt Source						
1500 Deard A			d. Ele	d. Election Sum to Date			
Wade, 112 28395			s Oldo				
e. Description	4		f. Date (mm/dd/yyy	yy)	g. Fair Market Amount		
PO Box rental			3/30/17		\$ Lolo-		
Cell phone			3/30/17		\$ 100-		
<u>v</u>					\$		
3. Contributor Information Add	Remove	192					
a. Full Name, Mailing Address & Phone	1	of C	ontributor	c. Con	nments		
(include city, state, & zip)		Individual					
			didate				
		Party PAC Referendum					
				d. Election Sum to Date			
		Othe	r Receipt Source	\$	\$		
e. Description			f. Date (mm/dd/yyy	/y)	g. Fair Market Amount		
					\$		
					\$		
					\$		
	Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			ontributor ridual	c. Con	iments		
(menue eny, state, e zip)			lidate				
	Р	arty	,				
		AC					
			Referendum Other Receipt Source		d. Election Sum to Date		
					\$		
e. Description	1		f. Date (mm/dd/yyy	y)	g. Fair Market Amount		
					\$		
					\$		
					\$		
4. Total only this Page		3191		\$	Ilele-		
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	166- 166-		
(							