Disclosure	Report	Cover
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Am	endment	t	M.Fa.,310
П	Ves	X	N

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 el	OCBVC7					
b. Mailing Address (include City, Stat	d. Date Filed					
P.O. Box	18	0.000	12/08/2020			
Shelby, NC 2	8151	8 2020	e. Phone Number			
	D. CR		704 482-7594			
2. Report Year 3. Period Start	Date (mm/dd/yy) 4. Period	End Date (mm/dd/yy)	5. Treasurer Full Name			
2019 07/01/2		1/2019	Thomas Evell Crawford			
6. Type of Committee (Check C			type of report from one category)			
✓ Candidate Campaign✓ PAC✓ Reference	y Municipal erendum Organization	State/County al Organizati	Referendum onal Organizational			
Independent Expenditure Join			Organizational Pre-referendum			
Legal Expense Fund	Pre-primary	First	Final			
	Pre-election	☐ Secon	nd Supplemental Final			
7. Type of Fund (if applicable,	check one) Pre-runoff	☐ Third	Annual			
Booster Fund	Semi-annual	Fourt	Record			
Building Fund	Mid Year En	and the same of th				
Other:	Final	Year	AAAAAAA EMERINDA MIRITAR OO			
8. Number of Fundraisers this	2 Sunusid	Final				
O		Special				
11. Account Information	The transfer August assume the	11. Account Inform	ation			
a. Financial Institution Full Name		a. Financial Institution	Full Name			
Home Trust Ban	k					
b. Purpose	c. Account Code	b. Purpose	c. Account Code			
Compaign Finance	JRW		5			
Finance	d. Period Begin Balance		d. Period Begin Balance			
3.5 T	\$ 647.31	2	\$			
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. Thomas Evell Crawford Thomas Evell Crawford Signature of Appointed Treasurer Date						
FOR OFFICE USE ONLY						
Date Received:	8-20 Emplo	yee: CP	Delivery Method Normal Mail			
Date Postmarked:	Emplo	yee:	Registered Mail Hand Delivered			
Date Scanned:	Emplo	yee:	Electronically Filed			
Date Data Entered:	Emplo	yee:	 Signer has not received mandatory training 			
assistant	unnot be used to amend comm t treasurer, custodian of book the Statement of Organizatio	s information, or acco				

Amendment X No Yes

Detailed Summary	Amendment Yes No		
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	to total mo		E-CERTATION CONTINUES AND CONTINUES CONTINUES CONTINUES AND CONTINUES AN
Committee to elect Ronnie Whatstine	Simi	Angual I	3. ID Number
	Year	End Total this	OCB VC7
Start of Election Cycle: January 1,		Reporting Period	
4) Cash on Hand at Start		\$ 647.31	\$
RECEIPTS		DEPERM	CANNOT BE AND ADDRESS OF THE SAME AND ADDRESS OF THE ADDRESS OF TH
5) Aggregated Contributions from Individuals	(CRO-1205)		E \$
6) Contributions from Individuals	(CRO-1210)	\$ JAN 8 202	0 \$
7) Contributions from Political Party Committees	(CRO-1220)	\$ (0)	-\$
8) Contributions from Other Political Committees	(CRO-1230)	B _{\$}	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources	yeary to desire the section of the desire of the section of the se		
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)	\$	\$
<u>EXPENDITURES</u>			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 280.62	\$ 280.62
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)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 280,62	\$ 280.62
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ 366.69	\$ 366.69
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)	\$	\$
	(CRO-1440)	\$	\$
	(CRO-2220)	\$	\$
28) Contributions to be Refunded	CRO-1215)	\$	\$

Die	hur	com	ents	
ν 15	Dui	20111		

			Amendmen	nt
Pg)	of	☐ Yes	X No

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

	'ull Name (and Fun						2.	ID Number
Committe	ec to elect	Ronnie W	hetst	nc			C	PCBCV7
3. Type of Disb	CONTROL OF THE PROPERTY OF THE	use separate CI	RO-1316	forms for e	ach type	e of Disb	urseme	ent.)
Operating Expension	BORNONS IN THE STATE OF THE STA	tributions to Candid	ates/Politi	cal Committees		Coo	rdinated	Party Expenditures
4. Payee Inforn				Add	Remove	e		
a. Full Name, M	ailing Address & Ph	one		b. Coordinate	ed Commi	ittee Name	e d.	Comments
(include city, state,	& zip)							
Clevelar	nd County	G0 P		c. Level Regis		ecify) County: Municipa	llity: e. l	Election Sum to Date
					Bassed		-	183 62
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amoun	nt	k. Requ	ired Remarks
JRW	Debit Cond	0	08/	31/2019	\$ /83	62	2019	Regen/Dunglas
	V6) (Co. C	CONTROL OF THE PARTY OF THE PAR	-	3773311	\$		10	, 13 126 L
					φ			
4. Payee Inforn			<u> </u>	THE RESIDENCE OF THE PARTY OF T	Remove			
	ing Address & Phone			b. Coordinate	ed Commi	ttee Name	d.	Comments
(include city, state, & zip) Cleveland County Board of Election P.O. Box 1299 Shelby, NC 28150 c. Level Registered (Specify) Federal County: State Municipality: e					lity: e. I	Election Sum to Date		
								97 9
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)	-			ired Remarks
JRW	Check	0	12/0	02/2019	\$ 97	00	1.11	3 Fee
					\$			
4. Payee Inforn	nation			Add	Remove	9		
a. Full Name, Maili	ing Address & Phone			b. Coordinate	ed Commi	ttee Name	d.	Comments
(include city, stat	te, & zip)							
13	GEOVED			c. Level Regis		County:		
Section 1997	AN 8 2020			State		Municipa	lity: e. l	Election Sum to Date
ПП	(0)						\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i Date (mm/dd/yyyy)	j. Amoun	ıt	k. Regu	ired Remarks
I. Account code	g. Form of Layment		1	2222 GG 33337	\$			
			-	***************************************	<u> </u>			
					\$			
5. Total only th	is Page						\$	280 53
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 E - Salaries I - Postage O* Other	B* - Printi F* - Equip J - Penalti	ng ment es	C* - F G - Po K* - C	undraising litical Party office Expen	ses	Н* - Не	olding l	r Candidate Public Office Expenses to Legal Expense Fund
Codes requir	e detailed explanat	ion in required	emark!	Held (K)				