| Disclosur | e Report | Cover | | | | Amendment |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| Use this form Do not use this | for general rep | ort and committee | information, | must be signed | l and submitte | d along with other detailed form |
| | Information | te unormation, | | | | |
| a. Full Name | | | | | | c. ID Number |
| COMMI | | State and Zip Code | (CRISP | | | 4CEU78 |
| | | | | | | d. Date Filed |
| LAMEHI | IN CHASE | DEIVE C 28306 | | | | e. Phone Number |
| 1711/01/16 | ine, in | C 2004 | | ž. | | 910-864-1669 |
| 2. Report Year | 3. Period St. | irt Date (mm/dd/yy | 4. Redod I | and Date (min/ | dd/yy) 5. Trea | surer Full Name |
| 2015 | 0//0 | 12015 | 06/3 | 80/2015 | WiTh | mm Joseph LEON. CRISP |
| 6. Type of Con Candidate Car | imittee (Chec) | The state of the s | Type of Rep | ort (check on | ly one type of | réport-front one category) |
| ☐ PAC | | Referendum | inicipal | State/C | ganizational | Referendim Organizational |
| ☐ Independent E | | oint Fundraiser | Thirty-five day | E-2-1-1 | arterly | Pre-referendum |
| | | . 18 | Pre-primary Pre-election | 片 | First Second | Final Supplemental Final |
| 7. Type of Fund Booster Fund | L (if applicab | le, check one) 📁 🔲 | Pre-runoff | | Third | Annual |
| Building Fund | | | Semi-annual Mid Year | □ Ser | Fourth ni-annual | ☐ Special |
| | ra i | , III | Year End | | Mid Year | 10. Special Report Name |
| Other: 8: Number of Fi | mdraisers thi | : | Final Special | | Year End | |
| | | , | Special | ☐ Fin ☐ Spe | | |
| 11. Account Info | | | | H. Account h | | San |
| a. Financial Institut | ton Full Name | L. Jan-K | | i. Financial Instit | ution Full Name | |
| b. Purpose | BANKING | C. Account Code | | . Purpose | | , and a second s |
| A | cognit for | The state of the s | | .rmpose | | c. Account Code |
| RECEIPTS A | hard Torz | d. Périód Begin Bal | un appelentent | | ÿ. | |
| Dishlasen | nealts | \$ '2757/ | l) | ¥0 | | d. Period Begin Balance |
| CERTIFICATIO | IN . | | 19 ! | (.48) 100 100 100 100 100 100 100 100 100 10 | | Þ |
| I certify that the C | ommittee or Fu | nd is in compliance v | with all applica | ible provisions o | of Article 22A, 2 | 22B & 22D-22M of Chapter 163 |
| of the IVC General | statutes and in | at no funds are comm et and that I have bee | ningled with p | rohibited or othe | r non-disclosed | funds. I further certify that this |
| 1 tillians | TICA | of M | | CIVE State Boat |) Blections. | 11. |
| Prin | ted Name of Sign | Sri [| 2/VM44 | mysol | MAD | _ July 16,2015 |
| OR OFFICE US | | r tara | , anguar | ure of Appointed | reasurer | / Date |
| Date Received | 1 | 14 15 | Emplöyee | And | <u>D</u> | elivery Methód |
| Date Postmark | ed: | | Employee | | | Normal Mail Registered Mail |
| 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The second secon | | | | (<u> </u> | KHand Delivered |
| Date Scanned; | | | Employee | | | Electronically Filed |
| Date Scanned: Date Data Ente | red: | | Employee | | | Signer has not received |
| Date Data Ente | This form can | mot be used to ame | Employee: | e information s | such as the cor | Signer has not received mandatory training mittee address, treasurer. |
| Date Data Ente Please Note: | This form can | mot be used to ame treasurer, custodiar ne Statement of Or | Employee and committe | formation, or a | such as the cor | Signer has not received inaudatory training muittee address, treasurer, ation. |

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

| Use this form to summarize all disclosure reporting forms and to total 13 Committee Full Name (and Fund if applicable) | e of Report | \$31DX\timbre\constraint |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Committee to REELECT BILL CRISP | 2 2 | 4CEU78 |
| Start of Election Cycle: January 1, | Total this Reporting Perio | Total this d Election Cycle |
| 4) Cash on Hand at Start | \$ 2757,44 | \$ 2757,44 |
| RECEIPTS | | |
| 5) Aggregated Contributions from Individuals (CRO- | (205) \$ | \$ |
| 6) Contributions from Individuals (CRO- | 210) \$ | \$ |
| 7) Contributions from Political Party Committees (CRO- | 220) \$ | \$ |
| 8) Contributions from Other Political Committees (CRO- | 230) \$ | \$ |
| 9) Loan Proceeds . (CRO-J | 410) \$ | \$ |
| 10) Refunds/Reimbursements to the Committee (CRO-) | 240) \$ | \$ |
| 11) Other Receipt Sources | | |
| 11a) Interest on Bank Accounts (CRO-I | 250) \$ | \$ |
| 11b) Contributions from Not-For-Profit Organizations (CRO-I | 250) \$ | \$ |
| 11c) Ontside Sources of Income (CRO-1 | 250) \$ | \$ |
| 11d) Legal Expense Fund - Other Sources (CRO-1 | 270) \$ | \$ |
| 11e) Exempt Purchase Price Sales (CRO-1 | 265) \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and | 11e) \$ ' | \$ |
| DAGRANDAUURUS AND | | |
| (3) Disbursements | | |
| 13a) Operating Expenditures (CRO-1. | 310) \$ | \$ 2285,00 |
| 13b) Contributions to Candidates/Political Committees (CRO-I. | 310) \$. | \$. |
| 13c) Coordinated Party Expenditures (CRO-I | 310) \$ | \$ |
| (CRO-1: | 915) \$ | \$ |
| 5) Loan Repayments (CRO-1- | (20) \$ | \$ |
| 6) Refunds/Reimbursements from the Committee (CRO-1: | (20) \$ | \$ |
| 7) In-Kind Contributions (CRO-1: | \$10) \$ | \$ |
| 8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and | 17) \$. | \$ |
| 9) Cash on Hand at End (Add lines 4 and 12 together, then subtract line | | \$ 2757,44 |
| ADDITIONAL INFORMATION | | |
| 0) Non-Monetary Gifts Given to Other Committees (CRO-13 | | |
| 1) Outstanding Loans (incl. ones from other campaigns) (CRO-14 | | _ |
| 2) Debts and Obligations owed by the Committee (CRO-16 | 10) \$ | |
| 3) Debts and Obligations owed to the Committee (CRO-10) | | |
| (CRO-12) Account Transfers Within the Committee | | |
| S) Administrative Support (CRO-12 | | \$ |
| (CRO-14) (CRO-14) | | \$ |
| 7) 48-Hour Notice Reports Sum (CRO-22 | | \$ |
| 8) Contributions to be Refunded (CRO-12 NC State Board of Elec | AND THE RESIDENCE OF THE PARTY | August 200 |