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 In	formation							
a. Full Name								c. ID Number
WE WORK BET	TER WHEN W	E WORK TOGE	THER					
b. Mailing Addre	ess (include Cit	ty, State and Zip	Code)					d. Date Filed
517 OAKRIDGE FAYETTEVILLI								09/05/2017
FATELLEVILLE	E, NC 26303							e. Phone Number
2. Report Year	3. Period Star	t Date (mm/dd/)	(Y)	4. Period l	end Da	te (mm/dd/yy)	5. Treasur	er Full Name
2017 07/21/2017					08/29/2	017	CLINTON	STANLEY
6. Type of Comr	nittee (Check (One)	CAUSE SALESIAN	e of Report	(c		type of rep	ort from one category)
X Candidate Can			Munic			State/County		Referendum
Joint Fundrais	-			Organizatio		Organizatio	onal	Organizational
Referendom	- India	al Expense Fund	図	Thirty-five		Quarterly		☐ Pre-referendum ☐ Final
7. Type of Fund	**********************	le, check one)		Pre-primary		☐ First ☐ Second		Supplemental Final
Booster Fund			H	Pre-election Pre-runoff	ı	Third	P	Annual
☐ Building Fund ☐ Descridential F	lection Year Can	didates Frod	l_sl	Semi-annua		Fourth		Special
	nection Teat Can mpaign Financing			Mid Ye		Semi-annua		
LI TO POOR CA	mparan x manering	3 - 0110	Ö	Year E		Mid Ye		10. Special Report Name
Other:			li	Final	S7.0	Year E		America According to the America and Ameri
S. Number of Fundraisers this Report			Special		☐ Final			
0				•		Special		
3. Account Info	rmstion				3. Acc	count Informat	ion	
a. Financial Inst	titution Full Na	me			z. Fin:	encial Instituti	on Full Nan	ne
BB&T								
b. Purpose		e, Account Cod	le		b, Pur	pose		c. Account Code
CAMPAIGN FU EXPENDITURE			1					
DAI BILDITOTA		d. Period Begin	a Balar	ice				d. Period Begin Balance
		s	4,950.72				s	
CERTIFICATIO	W	SON CONTRACTOR	La nati					
I certify that t Chapter 163 o funds. I furth	the Committee of the NC Gene	ral Statutes and this report is co	that n	o funds are	comm	ingled with pro	hibited or	22A, 22B & 22D-22M of other non-disclosed ed by the NC State Board
AND RESIDENCE OF THE PARTY OF T	CONTRACTOR SECRETARIA	ngner	MACON PROPERTY.	Sign	aure o	Appointed I'e	source Source	Date
FOR OFFICE U	SE ONLY							Carray Markey 4
Date Receiv	/ed:			Emplo	yee	Name and Associated States of the Control of the Co		Normal Mail
Date Postm	arked:		_	Emplo	yee		- 🗒	Registered Mail Hand Delivered
Date Scann	ed:		_	Emplo	yee			Electronically Filed
Date Data E	intered:		-	Emplo	yee			Signer has not received mandatory training
	assista	cannot be used int treasurer, cu	stodia	of books	nfoma	ation, or accou	nt informat	

Detailed Summary Use 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 an 1. Committee Full Name (and Fund if applicable)	a to total mor 2. Type of Rep			D Numbe	r
ADMINISTRAÇÃO (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900) (1900)	2017 Thirty-fi	ve-day			
Start of Election Cycle: January 1, 2017		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 4,9	50,72	S	0.00
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0,00	\$	0.00
6) Contributions from Individuals	(CRO-1210)	\$ 1	91.70	\$	191.70
7) Contributions from Political Party Committees	(CRO-1220)	\$	0.00	\$	0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	0.00	\$	0.00
9) Loan Proceeds	(CRO-1410)	\$	0,00	\$	6,824.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	S	0.00	\$	0.00
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	0.00	S	0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	0.00	S	0.00
11c) Outside Sources of Income	(CRO-1250)	\$	0.00	\$	100.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0.00	\$	0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	S	0.00	\$	0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 1	91.70	\$	7,115.70
EXPENDITURES	AND DESCRIPTION OF THE PARTY OF				
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 4,8	864.46	S	5,013.74
13b) Contributions to Candidates/Political Committees	(CRO-1310)	S	0.00	S	0.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$	0.00	\$	0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	65.69	S	65.69
15) Loan Repayments	(CRO-1420)	\$	0.00	\$	0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	0.00	S	0.00
17) In-Kind Contributions	(CRO-1510)	\$	0.00	S	1,824.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 4,9	030,15	S	6,903.43
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	Service Anna Court of Court of Street Original Street Origina	212.27	S	212,2
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1350)	\$	0.00		
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 6,8	324.00		
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00		
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$	0.00		
24) Account Transfers Within the Committee	(CRO-1720)	S	0.00		
25) Administrative Support	(CRO-1710)	\$	0.00	S	0.0
26) Forgiven Loans	(CRO-1440)	S	0.00	s	0.0
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	0.00	\$	0.0
28) Contributions to be Refunded	(CRO-1215)	S	0.00	S	0.00 August 200

1. Comm	ittee Full Name	dividual contribution (and Fund if applicab	le)			2.11	D Number	
		EN WE WORK TOGET						
3. Contri	butor Informati	on		Add 🗆 R	lemove			
ı. Full Name, Mailing Address & Phone				b. Job Title/	Profession	d. C	omments	
(include city, state, & zip)				PHYSICIAN				
VIREN D	DESAI			W .	AV 10 10 10 11 1			
4083 SUNBEAM ROAD				c. Employer's Name/Specific Field				
JACKSON, FL 32257			SELF-EMPLOYED			lection Sum	to D	
						S		1
f. Prior g	. Account Code	h. Form of Payment	i. In-Kind De	scription	j. Date (mm/dd/yyy	y)	k. Amount	
	ı	Credit Card			08/02/2017		\$	1
							\$	
							\$	
4. Tota	l only this Pa	ge	(Ass), (Ass)			S	NAMES AND POST OF THE PARTY AND PART	CACAL SERVICE
		O-1210 Pages 6 of Detailed Summary	Page CRO-1100)		s		1
CRO-12	THE RESIDENCE OF THE PARTY OF T	A CAMPAGNATURE IN COMMENT MANAGER AT THE VAL		oard of Election	19	Emiri Santi	and a sum of the same	Apr

	report expenditures		ee for o	perating expe	-	l of			X No
PRODUCT OF THE PARTY OF THE PAR	coordinated party e	MASSESSELLIS PROPERTY AND THE REPORT OF THE PROPERTY AND	A WAY TO SHAPE THE	CONTROL OF THE SECOND	**********	Maria de La Calenda de Calenda	ONCO DESIGNATION	A 170 35 1	
	all Name (and Fund TER WHEN WE WO					*****************		2. ID Numb	er
3. Type of Disbu N Operating Exp		use separate CR6 ributions to Candidat		The state of the s				nt.) ed Party Expe	nditures
4. Payee Inform	CONTRACTOR SAN LAND SERVICE AND ADDRESS.		AND PROPERTY.	Add 🔲	Rem	ove			
THE RESERVE THE PARTY OF THE PA	ailing Address & Ph	one		b. Coordinate	d Cor	nmittee Na	me	d. Comment	9
(include city, sta	te, & zip)								
BENTON CARD 105 S WALL STI BENSON, NC 2'	REET			c. Level Regi Federal State	County:	1	e. Election S	um to Date	
								\$	1,227.63
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Ar	nount	k. Re	quired Rema	rks
1	Draft	Λ	0	8/14/2017	S	1,227.63	YAR	D SIGNS	
					S				
4. Payee Inform	ation			Add []	Rem	ove	VST EL	M. Declary Constitution and	A STATE OF THE PARTY OF THE
	ailing Address & Ph	one		b. Coordinate	d Cor	omittee Na	me	d. Comment	s
I HACKER WA' MENLO PARK,				c, Level Regi. Federal State		County:		e. Election S	um to Date 258.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/vyyv)	i. Ar	nount	k. Re	quired Rema	rks
1	Draft	0	1	8/01/2017	S		SOC	IAL MEDIA	
					s		CAM	PAIGN	
4. Payee Inform	- 4			Add 🗆	Rem	01/0			
	ailing Address & Ph	one	ئا	b. Coordinate	2000		ıme	d. Comment	s
(include city, sta									
IMARKET PO BOX 87801 FAYETTEVILLE				c. Level Regi	stered	ered (Specify)			
I A I B I I B VICEDI	2,110 20001			☐ State		☐ Municip	ality:	e. Election S	um to Date
								s	950.00
f. Account Code	g. Form of Payment	h. Parpose Code	i. Date	(mm/dd/yyyy)	j. Au	nount	k. Re	quired Rema	rks
1	Check	0	1	8/01/2017	S	200.00	CAM	PAIGN STR	ATEGIST
1	Check	0	0	8/14/2017	S	750.00	CAM	PAIGN STRA	ATEGIST
5. Total only thi	s Page	ASSESSED AND ASSESSED.						S	2,436.52
	CRO-1310 Pages		2						2,100,00
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7. Purpose Co	odes (List detailed	expenditure code	in (h.)	above)					
A* - Media E - Salaries I - Postage O* Other	B* - Printii F* - Equipm J - Penaltie e detailed explanatio	ig ent s	C* - F G - Po K* - C	undraising litical Party Office Expense	·s	H* - H	olding	her Candidat g Public Offi on to Legal F	

Disburseme	ents				$\mathbf{p_g}$	3_ of	3	Amend	
Use this form to r	report expenditures	from the committe	e for o	perating expen	777				political
	coordinated party ex		The state of the s	a A company of the control of the co			ENGRACE		
1. Committee Fu	ll Name (and Fund i	f applicable)						2. ID Num	ber
WE WORK BETT	TER WHEN WE WO	RK TOGETHER							
3. Type of Disbut	rement Please	use separate CRO	-1310	forms for each	type	of Disbu	rseme	nt.)	
X Operating Expe		ibutions to Candidat	*******			**********	**,*:*******	ed Party Exp	enditures
4. Payee Informs	March and Company of the Company of			Add 🔲	Rem	ove			
	iling Address & Ph	one		b. Coordinates	d Cor	amittee N	авте	d. Comme	nts
(include city, stat	e, & zip)								
WILLIAMS PRIN	TING & OFFICE SU	PPLY				15 18 1			
1033 BRAGG BL	VD			c. Level Regis					
FAYETTEVILLE,	, NC 28301			☐ Federal ☐ State	185	County:		a Floation	Sum to Date
				L State		Month	anty.		Jun to Date
								S	426.93
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. An	aount	k. Re	quired Ren	ıarks
1	Draft	K	08/08/2017 \$			PAL	M CARDS		
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	line 13a of Detailed S	Summary Page CRO-	-1100 ij	Operating Expe	nses)	CONTRACTOR OF STREET		s	4,864.46
	line 13b of Detailed					Political C	отт)	,	4,804.40
(This line goes in	line 13c of Detailed S	Summary Page CRO	1100 if	Coordinand Pa	rty Ex	penditures)	NO CONTRACTOR	Manual Manual States	
7. Purpose Co	des (List detailed	expenditure code	in (h.)	above)					
A* - Media	B* - Printin	~		Fundraising D - To Anoth					
E - Salaries	F* - Equipm			olitical Party H* - Holding					
I - Postage	J - Penaltie	S	K* - (Office Expense	S	Q* - D	onati	on to Legal	Expense Fund
O* Other	Astailed analysist	w in waaninad was	vanler 4	Fall (In)	WEAT				
CRO-1310	detailed explanation			ard of Elections	n about	arai wasana	MICH STREET	WILDING THE WATER AND ADDRESS OF THE PARTY O	December 2009
1.1311-1.3111		110.12	seepe work	THE WAY THE PROPERTY.					

Aggreg	ated Non-N	Iedia Expendi	itures	Ì	Page_	l of	1	Amendme Yes	ent X	No
Optional fo	orm used to repo	ort NC Non-Media	Expenditures o							
1. Committe	e Full Name (am	d Fund if applicable)				2. ID Nu	nber			
WE WORK	BETTER WHEN V	WE WORK TOGETHE	ER							
3. Payee Inf	ormation									
	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/y	ууу)	f. Amoun		g. Required l	*************	ACCUSED VALUE OF THE PARTY OF T
☐ Add ☐ Remove	1	Draft	О	08/23/2017		s		STRATEGY		Н
Add Remove	1	Draft	C	07/24/2017	E 2	\$	11.00	ADVERTISIN	4G	
Add Remove	1	Draft	О	08/21/2017		\$	40.61	STRATEGY	LUNC	Н
4. Total o	nly this Page					\$ 65.69				
Decommon Constitution of the Constitution of t	f ALL CRO-1 wast be on line 14 o	315 Pages of Detailed Summary Pa	ige CRO-1100)			s				65.69
6. Purpos	e Codes (List)	detailed expenditu								
		- Printing	C* - Funds			- To Another Candidate				
E - Salar		- Equipment	G - Political	Party	H* -	* - Holding Public Office Expenses				
I - Posta	ge J-	Penalties	K* - Office Expenses Q* -			- Donations to Legal Expense Fund				

December 2009

* Codes require detailed explanation in required remarks field (g)
CRO-1315

NC State Board of Elections

O* - Other

Outstanding Loans

				Amendment				
Pg	1	of	2	Yes	X No			

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

	E. H.N (- 4 E - 116 - 11	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ang a province	Portrie l'estate	PROFESSIONAL PROFE	
	tee Full Name (and Fund if applica K BETTER WHEN WE WORK TOGI				2. III Number	
WE WORK	BETTER WHEN WE WORK TOOL	THEK				
3. Lender	Information	☐ Ad	id 🗌 Remove			
a. Full Nan	ie, Mailing Address & Phone	b. J	ob Title/Profess	on	d. Comments	
(include	city, state, & zip)	168 2 2 3 1			The second secon	
DANIEL C	CULLITON				C. D.	1111
	IDGE AVENUE	0 X	'malayay'r Nama	Sneaige Field	e. Start Date (
FAYETTE	VILLE, NC 28305	E. I.	c. Employer's Name/Specific Field			0/2017
					f. End Date (m	m/dd/yyyy)
g. Rate	h. Security Pledged		i, Original Loa	n Amount	j. Remaining l	oan Balance
	III Security 1 leagest					
%			2	24.00	\$	24.00
k. Full Nan	ne of Lending Institution				l. Loan Numbe	er
3 Lender	Information	TI Ad	d Remove			
Property and the second	ne, Mailing Address & Phone	COLUMN TO SERVICE DE LA COMPTION DE LA COLUMN DE LA COLUM	lob Title/Profess		d. Comments	
A CONTRACTOR OF THE PARTY OF TH	city, state, & zip)					
DANIEL C	CULLITON					
517 OAKR	LIDGE AVENUE				e. Start Date (mm/dd/yyyy)
FAYETTEVILLE, NC 28305		c. E	Imployer's Name	Specific Field	07/1	2/2017
					f. End Date (m	ra/dd/vvvv)
g. Rate	h. Security Pledged		i, Original Loa	a Amount	j. Remaining l	Con Rulones
············	B. Security Fleaged					
%			\$	300.00	\$	300.00
k. Full Nar	ne of Lending Institution				l. Loan Numbe	er
3. Lender	Information	D Ad	ld 🔲 Remove			
	ae, Mailing Address & Phone		Job Title/Profess		d. Comments	
(include	city, state, & zip)					
DANIEL C	CULLITON					
517 OAKR	RIDGE AVENUE			/C16 VI-14	e. Start Date (
FAYETTE	VILLE, NC 28305	c. r	imployer's Name	Specific rieid	07/1	4/2017
					f. End Date (m	m/dd/yyyy)
g. Rate	b. Security Pledged		i, Original Los	n Amount	j. Remaining	onn Ralanco
	D. Security Fledged					
%			\$	1,500.00	\$	1,500.00
k. Full Nar	ne of Lending Institution				L Loan Numbe	er
4 Total	only this Page				S	1,824.00
	A CONTRACTOR OF THE PARTY OF TH					
	Total of ALL CRO-1430 Pages (This line must be on line 11 of Detailed Summary Page CRO-1100)					6,824.00

Outstanding	Loane	
Ouroranding	LUGIES	

				Amendment					
$\mathbf{p_g}$	2	of	2	☐ Yes	X No				

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

	tee Full Name (and Fund if applicab K BETTER WHEN WE WORK TOGE	2. ID Number				
3. Lender	Information	□ Ac	id 🗌 Remove			
the second second second second	ne, Mailing Address & Phone city, state, & zip)	ь	Job Title/Profession		d. Comments	
SERVICE STREET, SERVICE ST	DANIEL CULLITON 517 OAKRIDGE AVENUE				e. Start Date	(mm/dd/yyyy)
FAYETTEVILLE, NC 28305		e. 1	c. Employer's Name/Specific Field		07/19/2017	
					f. End Date (n	am/dd/yyyy)
g. Rate	h. Security Pledged		i. Original Loan Amount		j, Remaining Loan Balance	
0.00%			\$	5,000.00	\$	5,000.00
k. Full Nar	ne of Lending Institution		1		l. Loan Numb	er
4. Total	only this Page	270231340010QV			S	5,000.00
	of ALL CRO-1430 Pages must be on line 21 of Detailed Summary	Page CRO-1	(00)		s	6,824.00

CRO-1430

NC State Board of Elections

December 2007