# 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.

Do not use this form to aparate	AND THE RESIDENCE OF THE PERSON NAMED AND PARTY.	SOLDWICK SERVICE STREET, SANS	Economic States and American States and Americ	SECULAR DEL SE SE SELECTION PROPERTY DE LOS SOCIETADOS DE LOS SECULARIOS DE LOS SECU	and the
1. Committee Information					
a. Full Name				c. ID Number	
WE WORK BETTER WHEN W	E WORK TOGETHER	<b>\</b>			
b. Mailing Address (include Ci	ty, State and Zip Code	e)		d. Date Filed	
517 OAKRIDGE AVENUE FAYETTEVILLE, NC 28305				10/02/2017	-31A
TATETIEVIBE, NC 2000				e. Phone Number	
2. Report Year 3. Period Stat	a Thate (novalddiss)	d Period Fr	el Date (mm/dd/vv)	5. Treasurer Full Name	
management of the control of the con	and the state of t	im mataumentamin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CLINTON STANLEY	
	8/30/2017	ACTION AND DESIGNATION ASSESSMENT AND	1/23/2017		
6. Type of Committee (Check C		rpe of Report icipal	State/County	ype of report from one category) Referendum	
Candidate Campaign Par	A LETTER PROPERTY.				
☐ Joint Fundraiser ☐ PA		Organizationa		-	
	gal Expense Fund	Thirty-five da	rend	Pre-referendum	
	ls, check one) 🛛 🗓	Pre-primary	First	☐ Final	
Booster Fund"		Pre-election	Second	Supplemental Final	
Building Fund		Pre-runoff	Third	Annual	
Presidential Election Year Can		Semi-annual	☐ Fourth	☐ Special	
NC Public Campaign Financing	g Fund	Mid Year			901
		Year End	Accord	and a second and a	9
Other:	s Renord	Final	Year Er	ng .	
8. Number of Fundraisers thi	s Report	Special	Final		
0			Special		
3. Account Information		3	. Account Informati	on	
a. Financial Institution Full Na	me	я	. Financial Institutio	n Full Name	
BB&T					POTATO
b. Purpose	c. Account Code	ь	. Purpose	c. Account Code	
CAMPAIGN FUNDS AND EXPENDITURES	1				
	d. Period Begin Bal:	ance		d. Period Begin Balance	
	s			S	
CERTIFICATION	discourance was				
Chapter 163 of the NC Gene	ral Statutes and that this report is complet	no funds are c	ommingled with prol	of Article 22A, 22B & 22D-22M of hibited or other non-disclosed been trained by the NC State Board 10/02/2017	1
FOR OFFICE USE ONLY	OOT 1 COLT	ONFEDERAL MOUNTS	Deliver Andrian Control Control		-
	OCT - 4 2017		Aho:	Delivery Method	
Date Received:	CT 28 2017	Employe	0	" ☐ Normal Mail ☐ Registered Mail	
Date Postmarked:	TENNES SEAT A INCIDENT ESTERNIC ESTERNIC	Employe	ee	☐ Hand Delivered ☐ Electronically Filed	
Date Scanned:		Employe	ee		
Date Data Entered:		Employ	ee	Signer has not received mandatory training	
assista	mt treasurer, custodi	an of books int	formation, or accoun	s the committee address, treasurer, at information. te committee changes.	

## **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 Num

1. Committee Full Name (and Fund if applicable)	2. Type of Re				. ID Number		
WE WORK BETTER WHEN WE WORK TOGETHER	2017 Pre-Prim	ary					
Start of Election Cycle: January 1, 2015			tal this ing Period	1	Total this ction Cycle		
4) Cash on Hand at Start		S	212.27	S	0.00		
RECEIPTS							
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0.00	\$	0.00		
6) Contributions from Individuals	(CRO-1210)	\$	1,100.00	S	1,291.70		
7) Contributions from Political Party Committees	(CRO-1220)	S	100.00	\$	100.00		
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	s	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)	S	0.00	\$	0.00		
11c) Outside Sources of Income	(CRO-1250)	\$	250.00	S	350.00		
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)	\$	1,450.00	\$	8,565.70		
EXPENDITURES							
13) Disbursements							
13a) Operating Expenditures	(CRO-1310)	S	641.80	S	5,655.54		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	0.00	\$	0.00		
13c) Coordinated Party Expenditures	(CRO-1310)	S	0.00	\$	0.00		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	29.80	S	95.49		
15) Loan Repayments	(CRO-1420)	\$	0.00	S	0.00		
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	250.00	5	250.00		
17) In-Kind Contributions	(CRO-1510)	\$	0.00	S	1,824.00		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 13	5, 16 and 17)	\$	921.60	S	7,825.03		
19) Cash on Hand at End (Add lines 4 and 12 together, then su	btract line 18)	S	740.67	S	740.67		
ADDITIONAL INFORMATION				Pedagosana	NACONA SERVICIO		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0.00				
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$	6,824.00				
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$	0.00				
23) Debts and Obligations owed to the Committee	(CRO-1620)	S	0.00				
24) Account Transfers Within the Committee	(CRO-1720)	S	0.00				
25) Administrative Support	(CRO-1710)	S	0.00	S	0.00		
26) Forgiven Loans	(CRO-1440)	S	0.00	S	0.00		
27) 48-Honr Notice Reports Sum	(CRO-2220)	S	0.00	S	0.00		
28) Contributions to be Refunded	(CRO-1215)	\$	0.00	S	0.00		

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	de city, state, & z							
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6001 IV	ERLEIGH CIRCLI	E		c. Employer	's Name/Specific Field			
FAYET	TEVILLE, NC 283	311		MERILL L'	YNCH			
						e. L	lection Su	na to Date
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Des	eription	j. Date (mm/dd/yyyy	)	k. Amount	0.000
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Res.d					09/13/2017		\$	100.00
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1-3			<b></b>		***************************************			
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3. Confr	ibutor Informati	on		Add 🗆 I	Remove			100
* The second second second	ame, Mailing Add			b. Job Title		la c	comments	
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(mein	de city, state, & z	ip)		PHYSICIAN	N .			
DANIEI	L GORDON					-		3
4609 WI	EAVERHALL DRI	IVE		c. Employer	's Name/Specific Field			
FAYET	TEVILLE, NC 283	314		NOVANT				
	đ.					e. E	lection Sur	m to Date
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f. Prior	g. Account Code	b. Form of Payment	i. In-Kind Des	cription	j. Date (mm/dd/yyyy	)	k. Amoun	
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DINA SELECTION			A STREET OF STREET	LANGUAGE CERCUIAL	Ciffe and the state of the stat		****	
A Take	al only this Pa	O'A				S		300.00
4. 101c	m outh min r a	50						
	d of ALL CR	COLUMN THE REAL PROPERTY AND ADDRESS OF THE PARTY OF				s		1,100.00

#### Contributions from Individuals

				Amendm	ent
$\mathbf{p_g}$	2	of	3	☐ Yes	No No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used 2. ID Number 1. Committee Full Name (and Fund if applicable) WE WORK BETTER WHEN WE WORK TOGETHER Add Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) HOME BUILDER RALPH HUFF III c. Employer's Name/Specific Field 606 FOREST LAKE ROAD H & H HOMES OF FAYETTEVILLE, NC 28305 e. Election Sum to Date FAYETTEVILLE, LLC 500.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment Check 09/22/2017 S 500.00 5 \$ ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) RETIRED JERRY REINOEHL c. Employer's Name/Specific Field 516 DEERPATH DRIVE FAYETTEVILLE, NC 28311 ARMY e. Election Sum to Date 100.00 k. Amount j. Date (mm/dd/yyyy) f. Prior g. Account Code h. Form of Payment i. In-Kind Description Credit Card 09/19/2017 5 100.00 S 5 П ☐ Add ☐ Remove 3. Contributor Information b. Job Title/Profession d. Comments a, Full Name, Mailing Address & Phone (include city, state, & zip) MARIA TAJMAN c. Employer's Name/Specific Field 7240 CAYMAN DRIVE FAYETTEVILLE, NC 28306 HABANA RESTAURANT e. Election Sum to Date 100.00 f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount Check 09/07/2017 5 100.00 5 \$ 700.00 4. Total only this Page 5 5. Total of ALL CRO-1210 Pages S

		om Individual: dividual contribution			g3 of		Amenda Ves	No No
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		EN WE WORK TOGE			one international contractions.			
3. Cont	ributor Informati	on		Add 🗆 R	emove			
a. Full l	Vame, Mailing Add	iress & Phone		b. Job Title/P	rofession		d. Commen	ts
(inch	ide city, state, & z	ip)		PHYSICIAN				
2861 SF	ZALAZNICK CYE DRIVE TEVILLE, NC 283	303		c. Employer's VRI	Name/Speci		e. Election S	Sum to Date
							S	100.00
f. Prior	g. Account Code	h, Form of Payment	i. In-Kind Des	eription	j. Date (mı	m/dd/yyyy)	k. Amou	ınt
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Contributio	ons from Politi	cal Party Committees	p <sub>g</sub> l of	1	Amendmer Ves	t No
		s from a political party			and acc	
1. Committee Fu	ll Name (and Fued if a	oplicable)		2. ID	Number	
WE WORK BETT	TER WHEN WE WORK	TOGETHER				
3. Contributor In	iformation	☐ Add ☐	Remove			
a. Full Name, Ma (include city, s	iling Address & Phone tate, & zip)			b. Cor	nments	
FAYETTEVILLE	REPUBLICAN WOME	EN'S CLUB				
330 ST. THOMAS						
FAYETTEVILLE	, NC 28311			c. Elec	tion Sum to	Date
				s		100.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/de	Јуууу)	h. Amount	
1	Check		09/15/20	17	s	100.00
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	L CRO-1220 Pag e on lins 7 of Detailed St	es monary Page CRO-1100)		S		100.00
CRO-1220		NC State Board of Election	ons	and the said	THE RESERVE AND ADDRESS.	April 2007

Other Rec	eipt Sources			Pg 1	of	1	Amenda Ves	nent No
Use this form to	report income not rep	orted on another f				T		utions etc.
1. Committee Fu	Ill Name (and Fund if	applicable)				2.	ID Numb	er
WE WORK BET	TER WHEN WE WOR	K TOGETHER						
3. Type of Recei	pt Source <i>(Please u</i>	se separate CRO- butions from Not-for	1 <i>250 for</i> ms f -Profit Organi	or each	type of Rec	elpt ovrce	Source.)	ie.
4. Contributor L	aformation		Add 🗌	Remove				
	illing Address & Phon	e	b, Not-for-l	Profit Fe	deral ID #	d.	Commen	ts
(include city, s	tate, & zip)							
CLIFFDALE SQ	UARE		0.11			-		
950 N FULTON			c. Outside	Source I	Explanation			
RAEFORD, NC	27376					e. ]	Election S	ium to Date
						\$		0.00
f. Account Code	g. Form of Payment	h. In-Kind Descri	iption	i. D:	ite (mm/dd/j	ууу)	j. Amou	nt
1	Check				09/07/2017		\$	250.00
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CRO-1250	A William of White Co. Co. Market Co. St. Co.	NAMES AND ADDRESS OF THE PARTY	oard of Electic	COMPANY AND ADDRESS OF THE PARTY OF THE PART	Manager Street, Street	M. Committee	ASSESSMENT OF THE PARTY OF THE	December 2007

Disbursem	ents			Pg	1 of	1	Amendm Yes	ent No
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	li Name (and Fund		COLLOW HERE AND A STATE OF THE SAME	A STATE OF THE STA	A NAME OF TAXABLE PARTY.		2. ID Numbe	P.
	TER WHEN WE WO		manani pamamana pamania				A1 110 1 101101	*
3. Type of Disbu  N Operating Exp			0-1310 forms for eac		***************		nt.) ed Party Exper	dibres
4. Payee Inform:	BLACK OF SIGNAL SCHOOL STREET,	Constitution to Cartologic	☐ Add ☐	Remov	WITH SERVICE PARTY.	Tomat	of arty Exper	in the same of the
THE RESIDENCE OF THE PERSON NAMED IN	iling Address & Pl	1000	b. Coordinate			ma	d. Comment	
(include city, sta		lotte	b. Condinate	a cone	111166 212	ine	u. Comment	
IMARKET	(e, 02 21p)							l l
PO BOX 87801 FAYETTEVILLE	, NC 28304		c, Level Regis  Federal  State		County:		e. Election S	um to Date
							\$	1,500.00
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	unt	k. Re	quired Rema	rks
1	Check	0	09/18/2017	\$	100.00	CAM	PAIGN STRA	TEGIST
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4. Payce Inform:	ation	LANCE DAVIS OF THE PARK STREET	☐ Add ☐	Remov	'e			
the state of the s	iling Address & Pl	ione	b. Coordinate	d Comn	ittee Na	me	d. Comment	
IMARKET PO BOX 87801 FAYETTEVILLE	, NC 28304		c. Level Regin	П	County:		e. Election S	um to Date
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date (mm/dd/yyyy)	i. Amo	unt	k. Re	quired Rema	rks
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AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	iling Address & Pl	ione	b. Coordinate	d Comp	ittee Na	me	d. Comment	3
(include city, sta				***************				
SPECTRUM REA 1333 MORGAN I SUITE C			c. Level Regi	THE RESERVOIS THE PERSON	County:	1		
FAYETTEVILLE	, NC 28305		☐ State	Ц	Municip	ality:	e. Election S	um to Date
							S	117.30
f. Account Code	g. Form of Paymen	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amo	unt	k. Re	quired Rema	rks
1	Check	0	09/25/2017	S	91.80	ADV	ERTISING	
				S				
5. Total only this	s Page	SECURIO DE CASA DE SECURIO DE SEC					S	641.80
6. Total of ALL	CRO-1310 Pages							
(This line goes is	lins 13b of Detailed	Summary Page CRO	-1100 if Operating Expo -1100 if Contrib to Can -1100 if Coordinated Po	didates/P		отт)	\$	641.80
7. Purpose Co	des (List detaile	l expenditure code	in (h.) above)					
A* - Media E - Salaries I - Postage O* Other	B* - Printi F* - Equipn J - Penalti detailed explanati	ng ient es	C* - Fundraising G - Political Party K* - Office Expense	8	H* - H	olding	ner Candidato Public Offic n to Legal E	

Aggreg	ated Non-M	Iedia Expendi	itures		Page _		Amendment  ☐ Yes 🗓 No
Optional fo	rm used to repo	ort NC Non-Media	Expenditures o	f \$50 or less.			
L Committe	ee Full Name (and	f Fund if applicable)				2, ID Number	
WE WORK	BETTER WHEN V	WE WORK TOGETHI	ER				
3. Payee Inf	ormation						
	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/)	yyy)		g. Required Remarks
☐ Add ☐ Remove	1	Draft	О	09/19/2017	7	\$ 4.3	CREDIT CARD FEES
☐ Add ☐ Remove	1	Check	O	09/25/2017	7	\$ 25.5	0 ADVERTISING
4. Total o	nly this Page					\$	29.80
	f ALL CRO-1 nust be on line 14 o	315 Pages f Detailed Summary Pa	ge CRO-1100)			S	29.80
6. Purpos	e Codes (List	detailed expenditu	re code in (d) a	bove)			
		- Printing	C* - Fund:	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i	To Another Ca	CONTRACTOR DE L'ANNE
E - Salar	ies F*	- Equipment	G - Political	Party	H*	- Holding Pu	olic Office Expenses
I - Posta	ge J-	Penalties	K* - Office	Expenses	Q*	- Donations t	o Legal Expense Fun
O* - Ot	her						

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

NC State Board of Elections

December 2009

1. Committee Ful	Name	and Fund if ap	plicable)			2. II	Number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
WE WORK BETT	ER WHI	EN WE WORK	TOGETHER					
3. Payee Informat	ion			Add 🔲 R	emove			
a. Full Name, Mail (include city, st				d. Type of Com Canádate	☐ PAC	g, C	omments	
CLIFFDALE SQU	ARE			Referendum		1 0	11 10	1 . D . t
950 N FULTON S' RAEFORD, NC 2'				e. Level Regist Federal State	County:  Municipality:	h. O	09/07/2	
						i. O	riginal Rece	ipt Amount
						\$		250.00
b. Job Title/Profes	sion	c. Employer's	Name/Specific Field	f. Purpose Cod	e	j. Ele	ection Sum	to Date
				L		\$		0.00
k. Account Code	1. Forn	of Payment	m. Required Reman	rks	n. Date (mm/dd/y	ууу)	o. Amount	
1	Check			e anno storgens a acabana i most mana con taca colo man	09/14/2017		\$	250.00
4. Total only this	Page					S		250.00
5. Total of ALL C (This line must be			unonary Page CRO-110	0)		\$		250.00
6. Purpose Cod	es (List	detailed disbu	rsement code in (f) a	bove)				
P* - Reimburs	ement o	In-Kine O*	Overpayment for Se Other		N - Exceed	ied C	ontibution l	Limit
* Codes requir	e detail	ed explanation	in required remark	s field (m) urd of Elections	SERVICE AND A			July 200

## **Outstanding Loans**

				Amendm	ent	
$\mathbf{p}_{g}$	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.

Eath 110000 over 4 years and a second second	ttee Full Name (and Fund if applical	2. ID Numbe	r				
	K BETTER WHEN WE WORK TOGE						
	Information			☐ Remove			
The second secon	ne, Mailing Address & Phone city, state, & zip)	b	ı. Job	Title/Profession		d. Comment	s
·····	CULLITON						
	RIDGE AVENUE					e. Start Date	(mm/dd/yyyy)
	EVILLE, NC 28305	e	c. Employer's Name/Specific Field				/10/2017
						f. End Date (	mm/dd/evev)
						II Zuu Zut V	
g. Rate	h. Security Pledged		Ti.	Original Loan Amou		: Remaining	Loan Balance
	II. Security Fleugen			***************************************		i	
%			\$		24.00		24.00
k. Full Nan	ne of Lending Institution	menumen maaan	r(************************************			l. Loan Num	ber
3. Lender	Information		Add	☐ Remove			
	ue, Mailing Address & Phone	b	. Job	Title/Profession		d. Comment	S
	city, state, & zip)						The state of the s
- Company of the Comp	CULLITON					c Start Date	(mm/dd/yyyy)
	RIDGE AVENUE EVILLE, NC 28305	e	. Emj	oloyer's Name/Specifi	c Field		(mm/ad/yyyy) /12/2017
LVITIL	VILLE, NC 20303	east a					
						f. End Date (1	mm/dd/yyyy)
g. Rate	h. Security Pledged		i.	Original Loan Amou	nt	j. Remaining	Loan Balance
%			\$		300.00	\$	300.00
k. Full Nan	ne of Lending Institution					l. Loan Num	ber
3 Lender	Information		Add	Remove			
STATE OF THE PROPERTY OF THE P	ae, Mailing Address & Phone			Title/Profession		d. Comments	<u>Cológic Year on the cologic of the </u>
(include	city, state, & zip)						
DANIEL C		200000000000000000000000000000000000000				e	
	RIDGE AVENUE		Fmi	oloyer's Name/Specifi	c Field		(mm/dd/yyyy)
FAYETTE	VILLE, NC 28305	ļ. <del></del>		May er strame openin	C A I CAM	07/	14/2017
						f. End Date (1	nm/dd/yyyy)
i i		1					
g. Rate	h. Security Pledged		i.	Original Loan Amou	nt	j. Remaining	Loan Balance
%			s		1,500.00	S	1,500.00
k. Full Nan	ne of Lending Institution					l. Loan Numi	
							<b>7.1.</b>
4 75-4-8	1 .1 . 70					****	. 221.00
CONTRACTOR OF THE PARTY.	only this Page					\$	1,824.00
	of ALL CRO-1430 Pages must be on line 11 of Detailed Summary	v Page CRO-	1100			S	6,824.00

Outsta	nding Loans		Pg	2	of	2	Amendme Ves	nt No
Use this fo	om to report any outstanding loa	ans received du	ning a previou	ıs rep	orting p	eriod a	and until the lo	oan is paid in full
1. Committee Full Name (and Fund if applicable)						2. ID Number		
WE WOR	K BETTER WHEN WE WORK TO	GETHER						•
3. Lender	Information	ПА	id □ Reme	ove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession				d. Comments	
DANIEL CULLITON 517 OAKRIDGE AVENUE							e. Start Date (mm/dd/yyyy)	
FAYETTEVILLE, NC 28305		c. 1	c. Employer's Name/Specific Field				. 07/19/2017	
							f. End Date (n	ım/dd/yyyy)
g. Rate	h. Security Pledged		i. Original I	oan A	mount		j. Remaining	Loan Balance
0.00%	90 E0000000 900 000 000 000 00000000000		\$		5,0	00.00	\$	5,000.00
k. Full Name of Lending Institution						l. Loan Number		
4. Total only this Page						S	5,000.00	
5. Total of ALL CRO-1430 Pages (This line must be on line 21 of Detailed Summary Page CRO-1100)						\$	6,824.00	
CRO-1430	RO-1430 NC State Board of Elections						A BASIN SHIPMAN COM	December 2007