

Disclosure Report Cover

Amendment

☐ Yes

☒ No

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

a. Full Name ASHLEY WELCH FOR DISTRICT ATTORNEY		c. ID Number STA-9E3982-C-001
b. Mailing Address (include City, State and Zip Code) 353 CAROLINA MOUNTAIN DRIVE BOX 137 FRANKLIN NC 28734		d. Date Filed 10/27/2014
		e. Phone Number 828-606-2245

2014	07/01/2014	10/18/2014	ASHLEY HARRIS HORNSBY WELCH
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<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
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a. Financial Institution Full Name TD BANK		a. Financial Institution Full Name	
b. Purpose ALL CAMPAIGN EXPENSES	c. Account Code AB5	b. Purpose	c. Account Code
d. Period Begin Balance \$ 8,016.68		d. Period Begin Balance \$	

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.

ASHLEY HORNSBY WELCH

Printed Name of Signer

Ashley Hornsby Welch

Signature of Appointed Treasurer

10/27/2014

Date

FOR OFFICE USE ONLY

Date Received: 10-29-14

Employee: JES

Date Postmarked: 10-27-14

Employee: JES

Date Scanned: 10/30/2014

Employee: JES

Date Data Entered:

Employee:

Delivery Method

- ☐ Normal Mail
☒ Registered Mail
☐ Hand Delivered
☐ Electronically Filed
☐ Signer has not received 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.

Detailed Summary

Amendment
☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information.

ASHLEY WELCH FOR DISTRICT ATTORNEY		3 RD QUARTER		STA-9E3982-C-001	
Start of Election Cycle: January 1, 2011		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 8016.68		\$ 0	
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1527.00		\$ 2207.00	
6) Contributions from Individuals (CRO-1210)		\$ 28,534.88		\$ 49,952.86	
7) Contributions from Political Party Committees (CRO-1220)		\$ 1810.00		\$ 1962.34	
8) Contributions from Other Political Committees (CRO-1230)		\$ 2000.00		\$ 2000.00	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 500.00	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund – Other Sources (CRO-1270)		\$ 0		\$ 0	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 33,871.88		\$ 56,622.20	
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 27,970.21		\$ 41,243.53	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 160.00		\$ 990.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 4361.08		\$ 4991.40	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 32,491.29		\$ 47,224.93	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 9397.27		\$ 9397.27	
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 500.00			
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ 0			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0			
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

Contributions from Individuals

Pg 1 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JILL ROSE 90 BROOKLINE DR ASHEVILLE NC 28803		ASST. US ATTORNEY			
		c. Employer's Name/Specific Field UNITED STATES/ATTORNEY			
				e. Election Sum to Date \$ 200.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/28/2014	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JACK W. STEWART PO BOX 1920 ASHEVILLE NC 28802		ATTORNEY			
		c. Employer's Name/Specific Field SELF EMPLOYED			
				e. Election Sum to Date \$ 500.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		08/18/2014	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
GUSTAV WILDE PO BOX 773 FRANKLIN NC 28744		DOCTOR			
		c. Employer's Name/Specific Field SELF EMPLOYED			
				e. Election Sum to Date \$ 200.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		10/01/2014	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 900.00
					\$ 78,534.88

Contributions from Individuals

Pg 2 of 23

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ROBERT W. CLARK PO BOX 626 WAYNESVILLE NC 28786		ATTORNEY			
		c. Employer's Name/Specific Field			
		SELF EMPLOYED			
				e. Election Sum to Date	
				\$ 75.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/26/2014	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
GERALD COLLINS PO BOX 740 MURPHY NC 28906		ATTORNEY			
		c. Employer's Name/Specific Field			
		SELF EMPLOYED			
				e. Election Sum to Date	
				\$ 250.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		08/25/2014	\$ 150.00
<input type="checkbox"/>	AB5	CHECK		10/15/2014	\$ 100.00
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ZELAND MCKINNEY JR PO BOX 1564 ROBBINSVILLE NC 28771		ATTORNEY			
		c. Employer's Name/Specific Field			
		SELF EMPLOYED			
				e. Election Sum to Date	
				\$ 350.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/28/2014	\$ 350.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 675.00
					\$ 28,534.88

Contributions from Individuals

Pg 3 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY

STA-9E3982-C-001

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

STEVE MORSE
156 ROLLING GREEN DR
SYLVA NC 28779

b. Job Title/Profession

PROFESSOR

c. Employer's Name/Specific Field

WESTERN CAROLINA UNIV.
HOSPITALITY AND
TOURISM

d. Comments

e. Election Sum to Date

\$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		08/13/2014	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

JANE EBBERTS
PO BOX 143
CASHIERS NC 28717

b. Job Title/Profession

REAL ESTATE AGENT

c. Employer's Name/Specific Field

SELF EMPLOYED/REAL
ESTATE

d. Comments

e. Election Sum to Date

\$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		08/14/2014	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

BETH CORBIN
PO BOX 758
FRANKLIN NC 28744

b. Job Title/Profession

BUSINESS
OWNER/INSURANCE

c. Employer's Name/Specific Field

SELF EMPLOYED
INSURANCE COMPANY

d. Comments

e. Election Sum to Date

\$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/30/2014	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 650.00

\$ 28,534.88

Contributions from Individuals

Pg 4 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) SARAH FRICKS 271 MAPLE ST FRANKLIN NC 28734			b. Job Title/Profession RETIRED/REAL ESTATE c. Employer's Name/Specific Field CALDWELL BANKER		d. Comments 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	
<input checked="" type="checkbox"/>	AB5	CHECK		09/30/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) DAVID WIJEWICKRAMA 95 DEPOT ST WAYNESVILLE NC 28786			b. Job Title/Profession ATTORNEY c. Employer's Name/Specific Field SELF EMPLOYED/ATTORNEY		d. Comments e. Election Sum to Date \$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		10/01/2014	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) NORMAN ROBERTS 109 RIVERWOOD DR FRANKLIN NC 28734			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field US MILITARY		d. Comments 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	
<input type="checkbox"/>	AB5	CHECK		10/02/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 500.00	
					\$ 28,534.88	

Contributions from Individuals

Pg 5 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROBERT B. LONG PO BOX 7216 ASHEVILLE NC 28802			b. Job Title/Profession		d. Comments	
			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED/ATTORNEY		e. Election Sum to Date	
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		09/22/2014	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN R LUPOLI PO BOX 773 HIGHLANDS NC 28741			b. Job Title/Profession		d. Comments	
			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
					LUPOLI CONSTRUCTION	
		SELF EMPLOYED/		\$ 300.00		
		CONSTRUCTION				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		09/22/2014	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) PHIL DRAKE 377 BROOKWOOD DR FRANKLIN NC 28734			b. Job Title/Profession		d. Comments	
			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
					SELF EMPLOYED	
		DRAKE ENTERPRISES		\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		09/22/2014	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 1,500.00	
					\$ 28,534.88	

Contributions from Individuals

Pg 6 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY

STA=9E3982-C-001

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

ORVILLE COWARD JR
5 GRIFFING BLVD
ASHEVILLE NC 28804

b. Job Title/Profession

ATTORNEY

c. Employer's Name/Specific Field

SELF EMPLOYED/ATTORNEY

d. Comments

e. Election Sum to Date

\$ 300.00

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

AB5

CHECK

09/29/2014

\$ 300.00

☐

\$

☐

\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

ORVILLE COWARD SR
38 RIDGEWAY ST
SYLVA NC 28779

b. Job Title/Profession

RETIRED ATTORNEY

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date

\$ 300.00

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

AB5

CHECK

09/29/2014

\$ 300.00

☐

\$

☐

\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

JAMES KENT COWARD
705 W MAIN ST
SYLVA NC 28779

b. Job Title/Profession

ATTORNEY

c. Employer's Name/Specific Field

SELF EMPLOYED ATTORNEY

d. Comments

e. Election Sum to Date

\$ 300.00

f. Prior

g. Account Code

h. Form of Payment

i. In-Kind Description

j. Date (mm/dd/yyyy)

k. Amount

☐

AB5

CHECK

09/29/2014

\$ 300.00

☐

\$

☐

\$

\$ 900.00

\$ 28,534.88

Contributions from Individuals

Pg 7 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> JOSHUA DRAKE 235 E. PALMER ST FRANKLIN NC 28734		b. Job Title/Profession BUSINESS OWNER c. Employer's Name/Specific Field SELF EMPLOYED/RESTAURANT OWNER		d. Comments e. Election Sum to Date \$ 1,000.00	
--	--	--	--	---	--

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/22/2014	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> LEE KING 316 SILENT RISE LANE FLAT ROCK NC 28731		b. Job Title/Profession BUSINESS OWNER c. Employer's Name/Specific Field SELF EMPLOYED/ OWNER KENMURE COUNTRY CLUB		d. Comments e. Election Sum to Date \$ 250.00	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	AB5	CHECK		09/16/2014	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> SHIRLEY SLAUGHTER 618 MITTENS LANE CASHIERS NC 28717		b. Job Title/Profession RETIRED/ACCOUNTANT c. Employer's Name/Specific Field COBB COUNTY GA SCHOOL SYSTEM FINANCE DEPT ACCOUNTANT		d. Comments e. Election Sum to Date \$ 400.00	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	AB5	CHECK		09/17/2014	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 1,450.00
					\$ 28,534.88

Contributions from Individuals

Pg

8

of

23

Amendment

☐

Yes

☒

No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) KIMBERLY COWARD PO BOX 2747 HIGHLANDS NC 28741			b. Job Title/Profession		d. Comments	
			ATTORNEY			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED/ATTORNEY		e. Election Sum to Date	
				\$ 1,300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	AB5	CHECK		09/29/2014	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) TY HORNSBY PO BOX 1765 FLAT ROCK NC 28731			b. Job Title/Profession		d. Comments	
			ORAL SURGEON			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED SURGEON		e. Election Sum to Date	
				\$ 5,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	AB5	CHECK		07/06/2014	\$ 5,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) MICHAEL COLEMAN 146 DARR DR HARVEST AL 35749			b. Job Title/Profession		d. Comments	
			RETIRED US ARMY			
			c. Employer's Name/Specific Field			
			MAJOR IN US ARMY		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	
<input type="checkbox"/>	AB5	CREDIT		09/25/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 5,400.00	
					\$ 28,534.88	

Contributions from Individuals

Pg 9 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> C. HAMMOND RAUERS 818 MOREWOOD RD HIGHLANDS NC 28741			b. Job Title/Profession BUSINESS OWNER c. Employer's Name/Specific Field FRANKLIN FORD/OWNER		d. Comments e. Election Sum to Date \$ 150.00	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/26/2014	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> J CLARK SHEFFIELD PO BOX 217 WEBSTER NC 28788			b. Job Title/Profession PREACHER c. Employer's Name/Specific Field SELF EMPLOYED/ PREACHER		d. Comments e. Election Sum to Date \$ 100.00	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		07/07/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> BRENDA BROCK 111 LAUREL HEIGHTS LANE TRYON NC 28782			b. Job Title/Profession MEDICAL ASSISTANT c. Employer's Name/Specific Field TY HORNSBY - MEDICAL ASSISTANT		d. Comments e. Election Sum to Date \$ 60.00	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/15/2014	\$ 60.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 310.00
					\$ 28,534.88

Contributions from Individuals

Pg 11 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> JAMES H. FAASSE 812 E. PONCE DE LEON AVE DECATUR GA 30030			b. Job Title/Profession SENIOR TAX MANAGER		d. Comments c. Election Sum to Date <div style="text-align: right; font-weight: bold;">\$ 150.00</div>	
			c. Employer's Name/Specific Field RENT PATHOLOGY			

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		08/15/2014	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> KATHLEEN FLETT 60 WOODSONG LANE FRANKLIN NC 28734			b. Job Title/Profession RETIRED		d. Comments c. Election Sum to Date <div style="text-align: right; font-weight: bold;">\$ 1196.08</div>	
			c. Employer's Name/Specific Field BUSINESS OWNER/CAR DEALER			

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/24/2014	\$ 800.00
<input type="checkbox"/>	AB5	CHECK		09/29/2014	\$ 300.00
<input type="checkbox"/>	AB5	IN KIND	CAR MAGNETS	08/08/2014	\$ 96.08

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> JACKIE HORNSBY PO BOX 1765 FLAT ROCK NC 28731			b. Job Title/Profession NURSE		d. Comments c. Election Sum to Date <div style="text-align: right; font-weight: bold;">\$ 5000.00</div>	
			c. Employer's Name/Specific Field RETIRED NURSE			

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		08/28/2014	\$ 5000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 6346.08
					\$ 28,534.88

Contributions from Individuals

Pg 10 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
BOYD R WARREN 230 WOODLAWN CIR CLYDE NC 28721		RETIRED			
		c. Employer's Name/Specific Field			
		RETIRED/ BARBER			
				e. Election Sum to Date	
				\$ 150.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/19/2014	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
LEONARD HILTY PO BOX 2142 FRANKLIN NC 28744		ATTORNEY			
		c. Employer's Name/Specific Field			
		SELF EMPLOYED			
				e. Election Sum to Date	
				\$ 200.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/22/2014	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
LEO PHILLIPS PO BOX 974 MURPHY NC 28906		ATTORNEY			
		c. Employer's Name/Specific Field			
		SELF EMPLOYED ATTORNEY			
				e. Election Sum to Date	
				\$ 1060.50	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input checked="" type="checkbox"/>	AB5	IN KIND	FOOD	08/25/2014	\$ 760.50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 1110.50
					\$ 28,534.88

Contributions from Individuals

Pg 12 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY						STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> CARLA MILLER 131 FRANKLIN PLAZA DR FRANKLIN NC 28734				b. Job Title/Profession CONSULTANT c. Employer's Name/Specific Field SELF EMPLOYED CONSULTANT		d. Comments e. Election Sum to Date \$ 450.00	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/29/2014	\$ 300.00
<input type="checkbox"/>	AB5	IN KIND	SIGN	09/01/2014	\$ 150.00
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> AARON LITTLEFIELD PO BOX 32 CULLOWHEE NC 28723				b. Job Title/Profession STUDENT c. Employer's Name/Specific Field SELF EMPLOYED		d. Comments e. Election Sum to Date \$ 198.80	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		08/18/2014	\$ 198.80
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> MARK DELK PO BOX 18161 ASHEVILLE NC 28814				b. Job Title/Profession REAL ESTATE INVESTOR c. Employer's Name/Specific Field SELF EMPLOYED		d. Comments e. Election Sum to Date \$ 200.00	
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/01/2014	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 848.80
					\$ 28,534.88

Contributions from Individuals

Pg 13 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) BILL AND GINA BARRINGTON 82 JOSHUA LANE FRANKLIN NC 28734			b. Job Title/Profession		d. Comments	
			BUSINESS OWNERS			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SELF EMPLOYED - BARRINGTON CONTRACTORS		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	IN KIND	FUNDRAISER	09/29/2014	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARTIN KIMSEY PO BOX 765 FRANKLIN NC 28744			b. Job Title/Profession		d. Comments	
			REAL ESTATE AGENT			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SELF EMPLOYED REAL ESTATE		\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		09/29/2014	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) GREGORY BOYER 412 GOSHEN RD FRANKLIN NC 28734			b. Job Title/Profession		d. Comments	
			ATTORNEY			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SELF EMPLOYED/ATTORNEY		\$ 310.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	IN KIND	TICKETS	07/11/2014	\$ 10.00	
<input type="checkbox"/>	AB5	CHECK		09/29/2014	\$ 300.00	
<input type="checkbox"/>					\$	
					\$ 1110.00	
					\$ 28,534.88	

Contributions from Individuals

Pg 14 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY						STA-9E3982-C-001
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a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN VANHOOK 1115 HERITAGE HOLLOW DR FRANKLIN NC 28734			b. Job Title/Profession		d. Comments
			ATTORNEY		
			c. Employer's Name/Specific Field		
			SELF EMPLOYED ATTORNEY		
					e. Election Sum to Date
					\$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	IN KIND	FUNDRAISER	09/29/2014	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) JOE JACK SELLERS PO BOX 512 HAYESVILLE NC 28904			b. Job Title/Profession		d. Comments
			INSPECTOR		
			c. Employer's Name/Specific Field		
			CLAY COUNTY		
					e. Election Sum to Date
					\$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		08/25/2014	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) ROY DICKEY 190 STONE TURTLE LANE MURPHY NC 28906			b. Job Title/Profession		d. Comments
			MAINTENANCE		
			c. Employer's Name/Specific Field		
			CHEROKEE COUNTY		
					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
<input type="checkbox"/>	AB5	CHECK		08/25/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 550.00
					\$ 28,534.88

Contributions from Individuals

Pg 15 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) JAMES TATE PO BOX 1255 HIGHLANDS NC 28741			b. Job Title/Profession BUSINESS OWNER c. Employer's Name/Specific Field LANDSCAPE BUSINESS		d. Comments e. Election Sum to Date \$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	IN KIND	FUNDRAISER	10/07/2014	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) T JAMES GRAY 84 SOARING EAGLE DR FRANKLIN NC 28734			b. Job Title/Profession RETIRED c. Employer's Name/Specific Field TUPPERWARE/VICE PRESIDENT		d. Comments e. Election Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		07/16/2014	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) LA VONNE MOLLY NESS SAWYER 254 FORT BUTLER ST MURPHY NC 28905			b. Job Title/Profession BUSINESS OWNER c. Employer's Name/Specific Field BAIL BONDSMAN		d. Comments 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	
<input type="checkbox"/>	AB5	CHECK		08/22/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 750.00	
					\$ 28,534.88	

Contributions from Individuals

Pg 16 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
KAYLA LONG 90 PINECONE LANE MURPHY NC 28906		PARALEGAL			
		c. Employer's Name/Specific Field			
		GERALD COLLINS - ATTORNEY		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
<input type="checkbox"/>	AB5	CHECK		08/25/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JANET STILES PO BOX 99 MURPHY NC 28906		RETIRED INSURANCE AGENT			
		c. Employer's Name/Specific Field			
		SELF EMPLOYED/INSURANCE AGENT		e. Election Sum to Date	
				\$ 150.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		08/14/2014	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JEFF WANG 245 CAROLINA MTN FRANKLIN NC 28734		BUSINESS OWNER			
		c. Employer's Name/Specific Field			
		SELF EMPLOYED DRY CLEANER		e. Election Sum to Date	
				\$ 150.00	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	IN KIND	SIGN	09/01/2014	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 400.00
					\$ 28,534.88

Contributions from Individuals

Pg 17 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY						STA-9E3982-C-001
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a. Full Name, Mailing Address & Phone (include city, state, & zip) ZEYLAND MCKINNEY PO BOX 1564 ROBBINSVILLE NC 28771 <i>Duplicate</i>		b. Job Title/Profession ATTORNEY c. Employer's Name/Specific Field SELF EMPLOYED ATTORNEY	d. Comments e. Election Sum to Date \$ 350.00
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/28/2014	\$ 350.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) FRED MOODY PO BOX 670 BRYSON CITY NC 28713		b. Job Title/Profession ATTORNEY c. Employer's Name/Specific Field SELF EMPLOYED ATTORNEY	d. Comments e. Election Sum to Date \$ 150.00
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		10/10/2014	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) W DAVID SUMPTER 39 HIWASSEE STREET MURPHY NC 28906		b. Job Title/Profession ATTORNEY c. Employer's Name/Specific Field SELF EMPLOYED ATTORNEY	d. Comments e. Election Sum to Date \$ 100.00
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		10/15/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 250.00 <i>Amended</i>
					\$ 28,534.88

Contributions from Individuals

Pg 18 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) HOLLY CHRISTY 241 BOULEVARD ST MURPHY NC 28906			b. Job Title/Profession		d. Comments	
			ATTORNEY			
			c. Employer's Name/Specific Field			
			COLLINS LAW FIRM		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	
<input type="checkbox"/>	AB5	CHECK		10/15/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY HORNSBY 8216 MUIRFIELD DR FUQUAY VARINA NC 27526			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
			RETIRED BUSINESS OWNER REAL ESTATE AGENT		e. Election Sum to Date	
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		10/08/2014	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) BECKY BRYSON PO BOX 1691 HIGHLANDS NC 28741			b. Job Title/Profession		d. Comments	
			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED OWNER BRYSON GRADING		e. Election Sum to Date	
				\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		09/23/2014	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 800.00	
					\$ 28,534.88	

Contributions from Individuals

Pg 19 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTICT ATTORNEY					STA-9E3982-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) WILEY SLOAN 80 MARGARET'S LANE HIGHLANDS NC 28741			b. Job Title/Profession		d. Comments	
			DENTIST			
			c. Employer's Name/Specific Field			
			SELF EMPLOYED			
					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	
<input type="checkbox"/>	AB5	CHECK		09/14/2014	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) MARY ANN RAY 104 LAKE CT #130 HIGHLANDS NC 28741			b. Job Title/Profession		d. Comments	
			RETIRED			
			c. Employer's Name/Specific Field			
			SIEMANS ENERGY			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		09/14/2014	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) WYN SHOPTAW PO BOX 418 HIGHLANDS NC 28741			b. Job Title/Profession		d. Comments	
			UNEMPLOYED			
			c. Employer's Name/Specific Field			
			UNEMPLOYED			
					e. Election Sum to Date	
					\$ 300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		09/15/2014	\$ 300.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 600.00	
					\$ 28,534.88	

Contributions from Individuals

Pg 20 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY

STA-9E3982-C-001

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

SHERYL WILSON
PO BOX 6012
ASHEVILLE NC 28816

b. Job Title/Profession

REAL ESTATE AGENT

c. Employer's Name/Specific Field

WHITE OAK REALTY

d. Comments

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
<input type="checkbox"/>	AB5	CHECK		09/24/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

STELL HUIE
PO BOX 2469
HIGHLANDS NC 28741

b. Job Title/Profession

RETIRED ATTORNEY

c. Employer's Name/Specific Field

MCKENNA, LONG AND
ALDRIDGE / ATTORNEY

d. Comments

e. Election Sum to Date

\$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/23/2014	\$ 150.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

BONNIE PETTWAY
100 SCENIC HWY 25
LOOKOUT MOUNTAIN TN 37350

b. Job Title/Profession

HOUSEWIFE

c. Employer's Name/Specific Field

HOUSEWIFE

d. Comments

e. Election Sum to Date

\$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/24/2014	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

\$ 500.00

\$ 28,534.88

Contributions from Individuals

Pg 21 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ART WILLIAMS 277 ROYAL POINCIANA WAY #135 PALM BEACH FL 33480			b. Job Title/Profession		d. Comments	
			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			OLD EDWARDS INN OWNER		e. Election Sum to Date	
				\$	1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		09/15/2014	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) SUSAN DUNCAN 85 4 1/2 ST HIGHLANDS NC 28741			b. Job Title/Profession		d. Comments	
			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			OWNER/ SUSAN DUNCAN DESIGNS		e. Election Sum to Date	
				\$	400.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		10/08/2014	\$ 400.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) DEREK TAYLOR 3175 CLEAR CREEK DR HIGHLANDS NC 28741			b. Job Title/Profession		d. Comments	
			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			HIGHLANDS DECORATING CENTER		e. Election Sum to Date	
				\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	CHECK		10/08/2014	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 1,600.00	
					\$ 28,534.88	

Contributions from Individuals

Pg 22 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone (include city, state, & zip) RICHARD POTTS PO BOX 1433 HIGHLANDS NC 28741		b. Job Title/Profession BANKER c. Employer's Name/Specific Field MACON BANK		d. Comments 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
<input type="checkbox"/>	AB5	CHECK		10/07/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN UNDERWOOD PO BOX 875 HIGHLANDS NC 28741		b. Job Title/Profession BUILDING CONTRACTOR c. Employer's Name/Specific Field SELF EMPLOYED		d. Comments 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
<input type="checkbox"/>	AB5	CHECK		10/07/2014	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) PATRICIA CARR 1812 MCCLURE CREEK RD CANTON NC 28716		b. Job Title/Profession RETIRED c. Employer's Name/Specific Field <i>Financial Planner - self employed</i>		d. Comments e. Election Sum to Date \$ 300.00	
---	--	---	--	---	--

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AB5	CHECK		09/28/2014	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

					\$ 500.00
					\$ 28,534.88

Contributions from Individuals

Pg 23 of 23 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) ALAN COATES 57 MILL ST FRANKLIN NC 28734			b. Job Title/Profession		d. Comments	
			BUSINESS OWNER			
			c. Employer's Name/Specific Field			
			COATES DESIGNERS		e. Election Sum to Date	
				\$ 884.50		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	AB5	IN KIND	SIGNS, FOOD	09/30/2014	\$ 884.50	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
				\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 884.50	
					\$ 28,534.88	

Aggregated Contributions from Individuals

Page

1 of 2

Amendment

☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

a. Amend				b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/>	Add	AB5	CASH		07/16/2014	\$ 20.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CHECK		07/18/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		07/29/2014	\$ 25.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CHECK		08/25/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		08/25/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		08/25/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		08/25/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CHECK		09/17/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		09/24/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		09/24/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		09/29/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		09/29/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CHECK		09/30/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		09/30/2014	\$ 45.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		09/30/2014	\$ 40.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CHECK		09/30/2014	\$ 25.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CHECK		09/30/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CHECK		09/30/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CHECK		09/30/2014	\$ 30.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CHECK		09/30/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CHECK		09/30/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
<input checked="" type="checkbox"/>	Add	AB5	CASH		10/01/2014	\$ 50.00		
<input type="checkbox"/>	Remove							
4. Total only this Page							\$ 985.00	
5. Total of ALL CRO-1205 Pages							\$ 1527.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>								

Aggregated Contributions from Individuals

Optional form used to report NC Contributions From Individuals of \$50 or less

Page

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of

2

Amendment

☐

Yes

☒

No

ASHLEY WELCH FOR DISTRICT ATTORNEY

STA-9E3982-C-001

a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/>	Add	AB5	CASH		09/30/2014	\$ 25.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CASH		10/01/2014	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CHECK		10/01/2014	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CHECK		10/01/2014	\$ 25.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CHECK		10/01/2014	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CASH		10/07/2014	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CHECK		10/07/2014	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CHECK		10/08/2014	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CHECK		10/08/2014	\$ 25.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CASH		10/09/2014	\$ 20.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CASH		10/14/2014	\$ 47.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CASH		07/02/2014	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	AB5	CASH		07/02/2014	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					

4. Total only this Page	\$ 542.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>	\$ 1527.00

Contributions from Political Party Committees

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

ASHLEY WELCH FOR DISTRICT ATTORNEY				STA-9E3982-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip) GEM COUNTRY REPUBLICAN WOMEN'S CLUB PO BOX 750 FRANKLIN NC 28744				b. Comments 	
				c. Election Sum to Date \$ 727.34	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
AB5	CHECK		07/16/2014	\$ 500.00	
AB5	IN KIND	AMERICAN FLAGS	09/01/2014	\$ 75.00	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) JACKSON COUNTY REPUBLICAN PARTY PO BOX 131 SYLVA NC 28779				b. Comments 	
				c. Election Sum to Date \$ 300.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
AB5	CHECK		09/02/2014	\$ 300.00	
				\$	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip) MACON COUNTY REPUBLICAN PARTY PO BOX 595 FRANKLIN NC 28744				b. Comments 	
				c. Election Sum to Date \$ 935.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
AB5	IN KIND	AMERICAN FLAGS	09/01/2014	\$ 75.00	
AB5	IN KIND	RADIO ADS	10/01/2014	\$ 860.00	
				\$	
				\$ 1810.00	
				\$ 1810.00	

Contributions from Other Political Committees

Pg

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of

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Amendment

☐

Yes

☒

No

Use this form to report contributions from other candidate, referendum or PAC committees

ASHLEY WELCH FOR DISTRICT ATTORNEY				STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone (include city, state, & zip) MEADOWS FOR CONGRESS PO BOX 811 HENDERSONVILLE NC 28793 CONGRESSMAN MARK MEADOWS	b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 1,000.00
---	---	---

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
AB5	CHECK		09/29/2014	\$ 1,000.00
				\$
				\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) ROGER WEST PO BOX 661 MURPHY NC 28906	b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$ 1,000.00
---	---	---

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
AB5	CHECK		08/22/2014	\$ 500.00
AB5	CHECK		10/16/2014	\$ 500.00
				\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) 	b. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	d. Comments e. Election Sum to Date \$
--	---	--

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				\$
				\$
				\$
				\$ 2000.00
				\$ 2000.00

In-Kind Contributions

Pg 1 of 4 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

ASHLEY WELCH FOR DISTRICT ATTORNEY		STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
LEO PHILLIPS PO BOX 974 MURPHY NC 28906	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date	
	\$ 1060.50	

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD AND VENUE FEE FOR FUNDRAISER	08/25/2014	\$ 760.50
		\$
		\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
KATHLEEN FLETT 60 WOODSONG LANE FRANKLIN NC 28734	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date	
	\$ 1196.08	

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAR MAGNETS	08/08/2014	\$ 96.08
		\$
		\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
CARLA MILLER 131 FRANKLIN PLAZA FRANKLIN NC 28734	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date	
	\$ 450.00	

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
8 X 8 YARD SIGN	09/01/2014	\$ 150.00
		\$
		\$

	\$ 1006.58
	\$ 4361.08

In-Kind Contributions

Pg 2 of 4

Amendment

☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

ASHLEY WELCH FOR DISTRICT ATTORNEY		STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> GREGORY BOYER 412 GOSHEN DRIVE FRANKLIN NC 28734	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">d. Election Sum to Date</td> </tr> <tr> <td style="padding: 2px;">\$ 310.00</td> </tr> </table>	d. Election Sum to Date	\$ 310.00
d. Election Sum to Date				
\$ 310.00				

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
BREAKFAST FUNDRAISER TICKETS	07/11/2014	\$ 10.00
		\$
		\$

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> JOHN VANHOOK 1115 HERITAGE HOLLOW DR FRANKLIN NC 28734	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">d. Election Sum to Date</td> </tr> <tr> <td style="padding: 2px;">\$ 300.00</td> </tr> </table>	d. Election Sum to Date	\$ 300.00
d. Election Sum to Date				
\$ 300.00				

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR FUNDRAISER	09/29/2014	\$ 300.00
		\$
		\$

a. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> JAMES TATE PO BOX 1255 HIGHLANDS NC 28741	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">d. Election Sum to Date</td> </tr> <tr> <td style="padding: 2px;">\$ 500.00</td> </tr> </table>	d. Election Sum to Date	\$ 500.00
d. Election Sum to Date				
\$ 500.00				

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR FUNDRAISER	10/07/2014	\$ 500.00
		\$
		\$

	\$ 810.00	
	\$	4361.08

In-Kind Contributions

Pg 3 of 4 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

ASHLEY WELCH FOR DISTRICT ATTORNEY		STA-9E3982-C-001
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a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JEFF WANG 245 CAROLINA MTN FRANKLIN NC 28734	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$ 150.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
8 X 8 YARD SIGN	09/01/2014	\$ 150.00
		\$
		\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
ALAN COATES 57 MILL STREET FRANKLIN, NC 28734	<input checked="" type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$ 884.50

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD, SIGNS, AND FLYERS FOR MEET AND GREET	09/30/2014	\$ 884.50
		\$
		\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
GEM COUNTRY WOMEN'S REPUBLICAN CLUB PO BOX 750 FRANKLIN NC 28734	<input type="checkbox"/> Individual	
	<input type="checkbox"/> Candidate	
	<input type="checkbox"/> Party	
	<input checked="" type="checkbox"/> PAC	
	<input type="checkbox"/> Referendum	d. Election Sum to Date
	<input type="checkbox"/> Other Receipt Source	\$ 727.34

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AMERICAN FLAGS	09/01/2014	\$ 75.00
		\$
		\$

		\$ 1109.50
		\$ 4361.08

In-Kind Contributions

Pg 4 of 4 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

ASHLEY WELCH FOR DISTRICT ATTORNEY		STA-9E3982-C-001	
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a. Full Name, Mailing Address & Phone (include city, state, & zip) MACON COUNTY REPUBLICAN PARTY PO BOX 575 FRANKLIN NC 28744	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date \$ 935.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
AMERICAN FLAGS	09/01/2014	\$ 75.00
RADIO ADS	10/01/2014	\$ 860.00
		\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) BILL AND GINA BARRINGTON 82 JOSHUA LANE FRANKLIN NC 28734	b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date \$ 500.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PAYMENT FOR STAFF AT FUNDRAISER	09/29/2014	\$ 500.00
		\$
		\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) 	b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	c. Comments
		d. Election Sum to Date \$

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$

		\$ 1435.00
		\$ 4361.08

Disbursements

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

ASHLEY WELCH FOR DISTRICT ATTORNEY STA-9E3982-C-001

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) GOIN POSTAL FRANKLIN 353 CAROLINA MTN DR FRANKLIN NC 28734			b. Coordinated Committee Name 		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date \$ 217.55		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	I	09/11/2014	\$51.50	STAMPS
AB5	CHECK	I	07/16/2014	\$51.00	STAMPS

a. Full Name, Mailing Address & Phone (include city, state, & zip) GOIN POSTAL FRANKLIN 353 CAROLINA MTN DR FRANKLIN NC 28734			b. Coordinated Committee Name 		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date \$ 217.55		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	I	07/09/2014	\$12.05	CERTIFIED MAIL
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) SMOKY MOUNTAIN NEWS PO BOX 629 WAYNESVILLE NC 28786			b. Coordinated Committee Name 		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date \$ 2646.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	A	07/02/2014	\$330.00	AD FEE
AB5	CHECK	A	10/02/2014	\$2316.00	AD FEE
					\$ 2760.55
(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)					\$ 27,970.21

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* - Other			

Disbursements

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Amendment

☐ Yes ☒ No

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

ASHLEY WELCH FOR DISTRICT ATTORNEY STA-9E3982-C-001

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) MACON PRINTING 219 EAST PALMER ST FRANKLIN NC 28734			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
					e. Election Sum to Date \$ 260.89
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	B	09/11/2014	\$73.60	INVITATIONS
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) ALLISON OUTDOOR ADVERTISING PO BOX 120 SYLVA NC 28779			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
					e. Election Sum to Date \$ 18,408.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	A	07/09/2014	\$2900.00	JULY BILLBOARDS
AB5	CHECK	A	08/10/2014	\$3270.00	AUGUST BILLBDS

a. Full Name, Mailing Address & Phone (include city, state, & zip) ALLISON OUTDOOR ADVERTISING PO BOX 120 SYLVA NC 28779			b. Coordinated Committee Name		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					
					e. Election Sum to Date \$ 18,408.67
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	A	09/11/2014	\$3405.00	SEPT. BILLBOARD
AB5	CHECK	A	09/24/2014	\$321.13	POSTERS

					\$ 9969.73
(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)					\$ 27,970.21

A* - Media B* - Printing C* - Fundraising D - To Another Candidate
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund
O* - Other

Disbursements

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

ASHLEY WELCH FOR DISTRICT ATTORNEY STA-9E3982-C-001

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) ALLISON OUTDOOR ADVERTISING PO BOX 120 SYLVA NC 28779			b. Coordinated Committee Name 		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date \$ 18,408.67		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	A	10/06/2014	\$3645.00	OCT. BILLBOARDS
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) THE UPS STORE 131 FRANKLIN PLAZA FRANKLIN NC 28734			b. Coordinated Committee Name 		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date \$ 21.62		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	B	07/16/2014	\$21.62	COPIES
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) HERREN HOUSE 94 EAST STREET WAYNESVILLE NC 28786			b. Coordinated Committee Name 		d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			e. Election Sum to Date \$ 500.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	O	07/18/2014	\$500.00	FOOD FOR MEET AND GREET
				\$	

(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)

\$ 4166.62
 \$ 27,970.21

A* - Media **B* - Printing** **C* - Fundraising** **D - To Another Candidate**
E - Salaries **F* - Equipment** **G - Political Party** **H* - Holding Public Office Expenses**
I - Postage **J - Penalties** **K* - Office Expenses** **Q* - Donation to Legal Expense Fund**
O* - Other

Disbursements

Pg 4 of 6 Amendment ☐ Yes ☒ No

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

ASHLEY WELCH FOR DISTRICT ATTORNEY STA-9E3982-C-001

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) THE MOUNTAINEER PUBLISHING GROUP 220 N. MAIN STREET WAYNESVILLE NC 28786			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 4676.80
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	A	09/10/2014	\$1469.20	AD FEES
AB5	CHECK	A	10/02/2014	\$3207.60	AD FEES

a. Full Name, Mailing Address & Phone (include city, state, & zip) GOODER GRAFIX 1021 EAST MAIN ST FRANKLIN NC 28734			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 6183.50
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	O	08/05/2014	\$4531.54	SIGNS
AB5	CHECK	O	09/18/2014	\$1411.77	SIGNS

a. Full Name, Mailing Address & Phone (include city, state, & zip) ROCKY MTN ELK FOUNDATION 5705 GRANT CREEK MISSOULA MT 59808			b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 100.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	O	07/09/2014	\$100.00	DINNER FEE
				\$	
					\$ 10,720.11
(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)					\$ 27,970.21

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* - Other			

Disbursements

Pg 5 of 6

Amendment

☐ Yes

☒ No

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

ASHLEY WELCH FOR DISTRICT ATTORNEY

STA-9E3982-C-001

☒ Operating Expenses

☐ Contributions to Candidates/Political Committees

☐ Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

MOUNTAIN PROJECTS HAYWOOD
HELPS
2251 OLD BALSAM RD
WAYNESVILLE NC 28786

b. Coordinated Committee Name

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

d. Comments

e. Election Sum to Date

\$ 200.00

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

AB5

CHECK

O

07/25/2014

\$200.00

FUNDRAISER
TICKETS

\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

VIETNAM VETS OF AMERICA
8719 COLESVILLE RD STE 100
SILVER SPRINGS MO 20910

b. Coordinated Committee Name

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

d. Comments

e. Election Sum to Date

\$ 50.00

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

AB5

CHECK

O

08/22/2014

\$50.00

GOLF HOLE
SPONSOR

\$

a. Full Name, Mailing Address & Phone
(include city, state, & zip)

ZONTA OF FRANKLIN
PO BOX 1492
FRANKLIN NC 28744

b. Coordinated Committee Name

c. Level Registered (Specify)

☐ Federal

☐ County:

☐ State

☐ Municipality:

d. Comments

e. Election Sum to Date

\$ 100.00

f. Account Code

g. Form of Payment

h. Purpose Code

i. Date (mm/dd/yyyy)

j. Amount

k. Required Remarks

AB5

CHECK

O

09/08/2014

\$100.00

FUNDRAISER
TICKETS

\$

\$ 350.00

\$ 27,970.21

(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)

A* - Media

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries

F* - Equipment

G - Political Party

H* - Holding Public Office Expenses

I - Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

O* - Other

CRO-1310

NC State Board of Elections

December 2009

Disbursements

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

ASHLEY WELCH FOR DISTRICT ATTORNEY					STA-9E3982-C-001
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
a. Full Name, Mailing Address & Phone (include city, state, & zip) PAY PAL 2211 NORTH FIRST ST SAN JOSE CA 95131		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$ 4.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	DEBIT	O	10/09/2014	\$3.20	PROCESSING FEE
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		d. Comments e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
					\$ 3.20
(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)					\$ 27,970.21
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other					

Disbursements

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

Pg 1 of 1

Amendment

☐ Yes

☒ No

ASHLEY WELCH FOR DISTRICT ATTORNEY

STA-9E3982-C-001

☐ Operating Expenses

☒ Contributions to Candidates/Political Committees

☐ Coordinated Party Expenditures

a. Full Name, Mailing Address & Phone (include city, state, & zip) MACON COUNTY GOP PO BOX 595 FRANKLIN NC 28744		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 80.00	
f. Account Code AB5	g. Form of Payment CHECK	h. Purpose Code O	i. Date (mm/dd/yyyy) 08/30/2014	j. Amount \$50.00	k. Required Remarks CAMPAIGN T-SHIRTS
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) CLAY COUNTY GOP CHATUGE PLAZA HWY 69 HAYESVILLE NC 28904		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 30.00	
f. Account Code AB5	g. Form of Payment CHECK	h. Purpose Code C	i. Date (mm/dd/yyyy) 09/27/2014	j. Amount \$30.00	k. Required Remarks FUNDRAISING DINNER
				\$	

a. Full Name, Mailing Address & Phone (include city, state, & zip) JIM DAVIS FOR NC SENATE 16 W. JONES ST. #2111 RALEIGH, NC 27601		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 80.00	
f. Account Code AB5	g. Form of Payment CHECK	h. Purpose Code D	i. Date (mm/dd/yyyy) 10/04/2014	j. Amount \$80.00	k. Required Remarks
				\$	

\$ 160.00

(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)

\$ 160.00

A* - Media B* - Printing C* - Fundraising D - To Another Candidate
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses
I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund
O* - Other

Outstanding Loans

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

ASHLEY WELCH FOR DISTRICT ATTORNEY			STA-9E3982-C-001
a. Full Name, Mailing Address & Phone (include city, state, & zip) ASHLEY H HORNSBY WELCH 353 CAROLINA MTN DR BOX 134 FRANKLIN NC 28734		b. Job Title/Profession ASSISTANT DISTRICT ATTORNEY c. Employer's Name/Specific Field STATE OF NORTH CAROLINA	d. Comments e. Start Date (mm/dd/yyyy) 10/31/2013 f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 100.00	\$ 100.00
k. Full Name of Lending Institution			l. Loan Number
a. Full Name, Mailing Address & Phone (include city, state, & zip) ASHLEY H HORNSBY WELCH 353 CAROLINA MTN DR BOX 134 FRANKLIN NC 28734		b. Job Title/Profession ASSISTANT DISTRICT ATTORNEY c. Employer's Name/Specific Field STATE OF NORTH CAROLINA	d. Comments e. Start Date (mm/dd/yyyy) 11/06/2013 f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 200.00	\$ 200.00
k. Full Name of Lending Institution			l. Loan Number
a. Full Name, Mailing Address & Phone (include city, state, & zip) ASHLEY H HORNSBY WELCH 353 CAROLINA MTN DR BOX 134 FRANKLIN NC 28734		b. Job Title/Profession ASSISTANT DISTRICT ATTORNEY c. Employer's Name/Specific Field STATE OF NORTH CAROLINA	d. Comments e. Start Date (mm/dd/yyyy) 11/15/2013 f. End Date (mm/dd/yyyy)
g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		\$ 200.00	\$ 200.00
k. Full Name of Lending Institution			l. Loan Number
			\$ 500.00
			\$ 500.00

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL



7008 1630 0003 0384 5392



UNITED STATES
POSTAL SERVICE

1000



27611

U.S. POSTAGE
PAID
FRANKLIN, NC
0128734
14
AMOUNT

\$8.45

00053481-03