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

Received
OCT 29 2014
Campaign Finance

2014	07/01/2014	10/18/2014	ASHLEY HARRIS HORNSBY WELCH

☒ Candidate Campaign ☐ Party
☐ PAC ☐ Referendum
☐ Independent Expenditure ☐ Joint Fundraiser
☐ Legal Expense Fund

☐ "Booster Fund"
☐ Building Fund
☐ Other:

3

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☒ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

a. Financial Institution Full Name		a. Financial Institution Full Name	
TD BANK			
b. Purpose	**c. Account Code**	**b. Purpose**	**c. Account Code**
ALL CAMPAIGN EXPENSES	AB5		
	d. Period Begin Balance		**d. Period Begin Balance**
	$ 8,016.68		$

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
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:	
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

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

Amendment ☐ Yes ☒ No

ASHLEY WELCH FOR DISTRICT ATTORNEY	3RD 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

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)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JILL ROSE 90 BROOKLINE DR ASHEVILLE NC 28803	ASST. US ATTORNEY	UNITED STATES/ATTORNEY		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		09/28/2014	$ 200.00
☐					$
☐					$

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

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		08/18/2014	$ 500.00
☐					$
☐					$

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

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		10/01/2014	$ 200.00
☐					$
☐					$

	$ 900.00
	$ 38,534.88

Contributions from Individuals

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 W. CLARK
PO BOX 626
WAYNESVILLE NC 28786

b. Job Title/Profession
ATTORNEY

c. Employer's Name/Specific Field
SELF EMPLOYED

d. Comments

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
☐	AB5	CHECK		09/26/2014	$ 75.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
GERALD COLLINS
PO BOX 740
MURPHY NC 28906

b. Job Title/Profession
ATTORNEY

c. Employer's Name/Specific Field
SELF EMPLOYED

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
☐	AB5	CHECK		08/25/2014	$ 150.00
☐	AB5	CHECK		10/15/2014	$ 100.00
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
ZELAND MCKINNEY JR
PO BOX 1564
ROBBINSVILLE NC 28771

b. Job Title/Profession
ATTORNEY

c. Employer's Name/Specific Field
SELF EMPLOYED

d. Comments

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
☐	AB5	CHECK		09/28/2014	$ 350.00
☐					$
☐					$

$	675.00
$	28,534.88

Contributions from Individuals

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
☐	AB5	CHECK		08/13/2014	$ 250.00
☐					$
☐					$

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
☐	AB5	CHECK		08/14/2014	$ 200.00
☐					$
☐					$

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
☐	AB5	CHECK		09/30/2014	$ 200.00
☐					$
☐					$

	$ 650.00
	$ 28,534.88

Contributions from Individuals

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
☒	AB5	CHECK		09/30/2014	$ 100.00
☐					$
☐					$

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
☐	AB5	CHECK		10/01/2014	$ 300.00
☐					$
☐					$

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
☐	AB5	CHECK		10/02/2014	$ 100.00
☐					$
☐					$

	$ 500.00
	$ 28,534.88

Contributions from Individuals

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)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
ROBERT B. LONG PO BOX 7216 ASHEVILLE NC 28802	ATTORNEY	SELF EMPLOYED/ATTORNEY		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		09/22/2014	$ 200.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN R LUPOLI PO BOX 773 HIGHLANDS NC 28741	BUSINESS OWNER LUPOLI CONSTRUCTION	SELF EMPLOYED/ CONSTRUCTION		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		09/22/2014	$ 300.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
PHIL DRAKE 377 BROOKWOOD DR FRANKLIN NC 28734	BUSINESS OWNER	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
☐	AB5	CHECK		09/22/2014	$ 1,000.00
☐					$
☐					$

	$ 1,500.00
	$ 28,534.88

Contributions from Individuals

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

 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)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOSHUA DRAKE 235 E. PALMER ST FRANKLIN NC 28734	BUSINESS OWNER	SELF EMPLOYED/RESTAURANT OWNER		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		09/22/2014	$ 1,000.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LEE KING 316 SILENT RISE LANE FLAT ROCK NC 28731	BUSINESS OWNER	SELF EMPLOYED/ OWNER KENMURE COUNTRY CLUB		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	AB5	CHECK		09/16/2014	$ 250.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SHIRLEY SLAUGHTER 618 MITTENS LANE CASHIERS NC 28717	RETIRED/ACCOUNTANT	COBB COUNTY GA SCHOOL SYSTEM FINANCE DEPT ACCOUNTANT		$ 400.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	AB5	CHECK		09/17/2014	$ 200.00
☐					$
☐					$

	$ 1,450.00
	$ 28,534.88

Contributions from Individuals

 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
ATTORNEY

c. Employer's Name/Specific Field
SELF EMPLOYED/ATTORNEY

d. Comments

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
☒	AB5	CHECK		09/29/2014	$ 300.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
TY HORNSBY
PO BOX 1765
FLAT ROCK NC 28731

b. Job Title/Profession
ORAL SURGEON

c. Employer's Name/Specific Field
SELF EMPLOYED
SURGEON

d. Comments

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
☒	AB5	CHECK		07/06/2014	$ 5,000.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
MICHAEL COLEMAN
146 DARR DR
HARVEST AL 35749

b. Job Title/Profession
RETIRED US ARMY

c. Employer's Name/Specific Field
MAJOR IN US ARMY

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
☐	AB5	CREDIT		09/25/2014	$ 100.00
☐					$
☐					$

$ 5,400.00

$ 28,534.88

Contributions from Individuals

 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)
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

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		09/26/2014	$ 150.00
☐					$
☐					$

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

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		07/07/2014	$ 100.00
☐					$
☐					$

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

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		09/15/2014	$ 60.00
☐					$
☐					$

	$ 310.00
	$ 28,534.88

Contributions from Individuals

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 H. FAASSE
812 E. PONCE DE LEON AVE
DECATUR GA 30030

b. Job Title/Profession
SENIOR TAX MANAGER

c. Employer's Name/Specific Field
RENT PATHOLOGY

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
☐	AB5	CHECK		08/15/2014	$ 150.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
KATHLEEN FLETT
60 WOODSONG LANE
FRANKLIN NC 28734

b. Job Title/Profession
RETIRED

c. Employer's Name/Specific Field
BUSINESS OWNER/CAR DEALER

d. Comments

e. Election Sum to Date
$ 1196.08

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)
JACKIE HORNSBY
PO BOX 1765
FLAT ROCK NC 28731

b. Job Title/Profession
NURSE

c. Employer's Name/Specific Field
RETIRED NURSE

d. Comments

e. Election Sum to Date
$ 5000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		08/28/2014	$ 5000.00
☐					$
☐					$

$ 6346.08

$ 28,534.88

Contributions from Individuals

 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)
BOYD R WARREN
230 WOODLAWN CIR
CLYDE NC 28721

b. Job Title/Profession
RETIRED

c. Employer's Name/Specific Field
RETIRED/ BARBER

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
☐	AB5	CHECK		09/19/2014	$ 150.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
LEONARD HILTY
PO BOX 2142
FRANKLIN NC 28744

b. Job Title/Profession
ATTORNEY

c. Employer's Name/Specific Field
SELF EMPLOYED

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
☐	AB5	CHECK		09/22/2014	$ 200.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
LEO PHILLIPS
PO BOX 974
MURPHY NC 28906

b. Job Title/Profession
ATTORNEY

c. Employer's Name/Specific Field
SELF EMPLOYED ATTORNEY

d. Comments

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
☒	AB5	IN KIND	FOOD	08/25/2014	$ 760.50
☐					$
☐					$

$ 1110.50

$ 28,534.88

Contributions from Individuals

 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)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CARLA MILLER 131 FRANKLIN PLAZA DR FRANKLIN NC 28734	CONSULTANT	SELF EMPLOYED CONSULTANT		$ 450.00

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
☐	AB5	IN KIND	SIGN	09/01/2014	$ 150.00
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
AARON LITTLEFIELD PO BOX 32 CULLOWHEE NC 28723	STUDENT			$ 198.80

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		08/18/2014	$ 198.80
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
MARK DELK PO BOX 18161 ASHEVILLE NC 28814	REAL ESTATE INVESTOR	SELF EMPLOYED		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		09/01/2014	$ 200.00
☐					$
☐					$

	$ 848.80
	$ 28,534.88

Contributions from Individuals

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
BUSINESS OWNERS

c. Employer's Name/Specific Field
SELF EMPLOYED - BARRINGTON CONTRACTORS

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
☐	AB5	IN KIND	FUNDRAISER	09/29/2014	$ 500.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
MARTIN KIMSEY
PO BOX 765
FRANKLIN NC 28744

b. Job Title/Profession
REAL ESTATE AGENT

c. Employer's Name/Specific Field
SELF EMPLOYED REAL ESTATE

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)
GREGORY BOYER
412 GOSHEN RD
FRANKLIN NC 28734

b. Job Title/Profession
ATTORNEY

c. Employer's Name/Specific Field
SELF EMPLOYED/ATTORNEY

d. Comments

e. Election Sum to Date
$ 310.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	IN KIND	TICKETS	07/11/2014	$ 10.00
☐	AB5	CHECK		09/29/2014	$ 300.00
☐					$

$ 1110.00

$ 28,534.88

Contributions from Individuals

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)
JOHN VANHOOK
1115 HERITAGE HOLLOW DR
FRANKLIN NC 28734

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	IN KIND	FUNDRAISER	09/29/2014	$ 300.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
JOE JACK SELLERS
PO BOX 512
HAYESVILLE NC 28904

b. Job Title/Profession
INSPECTOR

c. Employer's Name/Specific Field
CLAY COUNTY

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
☐	AB5	CHECK		08/25/2014	$ 150.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
ROY DICKEY
190 STONE TURTLE LANE
MURPHY NC 28906

b. Job Title/Profession
MAINTENANCE

c. Employer's Name/Specific Field
CHEROKEE COUNTY

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
☐	AB5	CHECK		08/25/2014	$ 100.00
☐					$
☐					$

	$ 550.00
	$ 28,534.88

Contributions from Individuals

 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
☐	AB5	IN KIND	FUNDRAISER	10/07/2014	$ 500.00
☐					$
☐					$

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
☐	AB5	CHECK		07/16/2014	$ 150.00
☐					$
☐					$

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
☐	AB5	CHECK		08/22/2014	$ 100.00
☐					$
☐					$

	$ 750.00
	$ 28,534.88

Contributions from Individuals

 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)
KAYLA LONG
90 PINECONE LANE

MURPHY NC 28906

b. Job Title/Profession
PARALEGAL

c. Employer's Name/Specific Field
GERALD COLLINS - ATTORNEY

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
☐	AB5	CHECK		08/25/2014	$ 100.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
JANET STILES
PO BOX 99
MURPHY NC 28906

b. Job Title/Profession
RETIRED INSURANCE AGENT

c. Employer's Name/Specific Field
SELF EMPLOYED/INSURANCE AGENT

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
☐	AB5	CHECK		08/14/2014	$ 150.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
JEFF WANG
245 CAROLINA MTN
FRANKLIN NC 28734

b. Job Title/Profession
BUSINESS OWNER

c. Employer's Name/Specific Field
SELF EMPLOYED DRY CLEANER

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
☐	AB5	IN KIND	SIGN	09/01/2014	$ 150.00
☐					$
☐					$

$ 400.00

$ 28,534.88

Contributions from Individuals

 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)	b. Job Title/Profession	d. Comments
ZEYLAND MCKINNEY PO BOX 1564 ROBBINSVILLE NC 28771 Duplicate	ATTORNEY c. Employer's Name/Specific Field SELF EMPLOYED ATTORNEY	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
☐	AB5	CHECK		09/28/2014	$ 350.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
FRED MOODY PO BOX 670 BRYSON CITY NC 28713	ATTORNEY c. Employer's Name/Specific Field SELF EMPLOYED ATTORNEY	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
☐	AB5	CHECK		10/10/2014	$ 150.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
W DAVID SUMPTER 39 HIWASSEE STREET MURPHY NC 28906	ATTORNEY c. Employer's Name/Specific Field SELF EMPLOYED 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
☐	AB5	CHECK		10/15/2014	$ 100.00
☐					$
☐					$

$ 250.00

$ 28,534.58

Contributions from Individuals

 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
ATTORNEY

c. Employer's Name/Specific Field
COLLINS LAW FIRM

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
☐	AB5	CHECK		10/15/2014	$ 100.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
MARY HORNSBY
8216 MUIRFIELD DR
FUQUAY VARINA NC 27526

b. Job Title/Profession
RETIRED

c. Employer's Name/Specific Field
RETIRED BUSINESS OWNER
REAL ESTATE AGENT

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
☐	AB5	CHECK		10/08/2014	$ 500.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
BECKY BRYSON
PO BOX 1691
HIGHLANDS NC 28741

b. Job Title/Profession
BUSINESS OWNER

c. Employer's Name/Specific Field
SELF EMPLOYED OWNER
BRYSON GRADING

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
☐	AB5	CHECK		09/23/2014	$ 200.00
☐					$
☐					$

$ 800.00

$ 28,534.86

Contributions from Individuals

 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
DENTIST

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
☐	AB5	CHECK		09/14/2014	$ 100.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
MARY ANN RAY
104 LAKE CT #130
HIGHLANDS NC 28741

b. Job Title/Profession
RETIRED

c. Employer's Name/Specific Field
SIEMANS ENERGY

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
☐	AB5	CHECK		09/14/2014	$ 200.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
WYN SHOPTAW
PO BOX 418
HIGHLANDS NC 28741

b. Job Title/Profession
UNEMPLOYED

c. Employer's Name/Specific Field
UNEMPLOYED

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		09/15/2014	$ 300.00
☐					$
☐					$

$ 600.00

$ 28,534.88

Contributions from Individuals

 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)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
SHERYL WILSON PO BOX 6012 ASHEVILLE NC 28816	REAL ESTATE AGENT	WHITE OAK REALTY		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		09/24/2014	$ 100.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
STELL HUIE PO BOX 2469 HIGHLANDS NC 28741	RETIRED ATTORNEY	MCKENNA, LONG AND ALDRIDGE / ATTORNEY		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		09/23/2014	$ 150.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
BONNIE PETTWAY 100 SCENIC HWY 25 LOOKOUT MOUNTAIN TN 37350	HOUSEWIFE	HOUSEWIFE		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	AB5	CHECK		09/24/2014	$ 250.00
☐					$
☐					$

	$ 500.00
	$ 28,534.88

Contributions from Individuals

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
BUSINESS OWNER

c. Employer's Name/Specific Field
OLD EDWARDS INN 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
☐	AB5	CHECK		09/15/2014	$ 1,000.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
SUSAN DUNCAN
85 4 1/2 ST
HIGHLANDS NC 28741

b. Job Title/Profession
BUSINESS OWNER

c. Employer's Name/Specific Field
OWNER/ SUSAN DUNCAN DESIGNS

d. Comments

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
☐	AB5	CHECK		10/08/2014	$ 400.00
☐					$
☐					$

a. Full Name, Mailing Address & Phone (include city, state, & zip)
DEREK TAYLOR
3175 CLEAR CREEK DR
HIGHLANDS NC 28741

b. Job Title/Profession
BUSINESS OWNER

c. Employer's Name/Specific Field
HIGHLANDS DECORATING CENTER

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
☐	AB5	CHECK		10/08/2014	$ 200.00
☐					$
☐					$

	$ 1,600.00
	$ 28,534.88

Contributions from Individuals

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)
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
☐	AB5	CHECK		10/07/2014	$ 100.00
☐					$
☐					$

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
☐	AB5	CHECK		10/07/2014	$ 100.00
☐					$
☐					$

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
Financial Planner - self employed

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		09/28/2014	$ 300.00
☐					$
☐					$

$ 500.00

$ 28,534.88

Contributions from Individuals

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
BUSINESS OWNER

c. Employer's Name/Specific Field
COATES DESIGNERS

d. Comments

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
☐	AB5	IN KIND	SIGNS, FOOD	09/30/2014	$ 884.50
☐					$
☐					$

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

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

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
☐					$
☐					$
☐					$

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

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

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
☐					$
☐					$
☐					$

$ 884.50

$ 28,534.88

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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
☒ Add ☐ Remove	AB5	CASH		07/16/2014	$ 20.00
☒ Add ☐ Remove	AB5	CHECK		07/18/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		07/29/2014	$ 25.00
☒ Add ☐ Remove	AB5	CHECK		08/25/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		08/25/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		08/25/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		08/25/2014	$ 50.00
☒ Add ☐ Remove	AB5	CHECK		09/17/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		09/24/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		09/24/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		09/29/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		09/29/2014	$ 50.00
☒ Add ☐ Remove	AB5	CHECK		09/30/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		09/30/2014	$ 45.00
☒ Add ☐ Remove	AB5	CASH		09/30/2014	$ 40.00
☒ Add ☐ Remove	AB5	CHECK		09/30/2014	$ 25.00
☒ Add ☐ Remove	AB5	CHECK		09/30/2014	$ 50.00
☒ Add ☐ Remove	AB5	CHECK		09/30/2014	$ 50.00
☒ Add ☐ Remove	AB5	CHECK		09/30/2014	$ 30.00
☒ Add ☐ Remove	AB5	CHECK		09/30/2014	$ 50.00
☒ Add ☐ Remove	AB5	CHECK		09/30/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		10/01/2014	$ 50.00

4. Total only this Page	$ 985.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 1527.00

Aggregated Contributions from Individuals

Amendment ☐ Yes ☒ No

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

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
☒ Add ☐ Remove	AB5	CASH		09/30/2014	$ 25.00
☒ Add ☐ Remove	AB5	CASH		10/01/2014	$ 50.00
☒ Add ☐ Remove	AB5	CHECK		10/01/2014	$ 50.00
☒ Add ☐ Remove	AB5	CHECK		10/01/2014	$ 25.00
☒ Add ☐ Remove	AB5	CHECK		10/01/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		10/07/2014	$ 50.00
☒ Add ☐ Remove	AB5	CHECK		10/07/2014	$ 50.00
☒ Add ☐ Remove	AB5	CHECK		10/08/2014	$ 50.00
☒ Add ☐ Remove	AB5	CHECK		10/08/2014	$ 25.00
☒ Add ☐ Remove	AB5	CASH		10/09/2014	$ 20.00
☒ Add ☐ Remove	AB5	CASH		10/14/2014	$ 47.00
☒ Add ☐ Remove	AB5	CASH		07/02/2014	$ 50.00
☒ Add ☐ Remove	AB5	CASH		07/02/2014	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

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

Contributions from Political Party Committees

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

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

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

☒ Candidate ☐ PAC
☐ Referendum

c. Level Registered (Specify)

☒ Federal ☐ County:
☐ State ☐ 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

☒ Candidate ☐ PAC
☐ Referendum

c. Level Registered (Specify)

☐ Federal ☐ County:
☒ State ☐ 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

☐ Candidate ☐ PAC
☐ Referendum

c. Level Registered (Specify)

☐ Federal ☐ County:
☐ State ☐ 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

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

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

LEO PHILLIPS
PO BOX 974
MURPHY NC 28906

b. Type of Contributor

- ☒ Individual
- ☐ Candidate
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Other Receipt Source

c. Comments

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)

KATHLEEN FLETT
60 WOODSONG LANE
FRANKLIN NC 28734

b. Type of Contributor

- ☒ Individual
- ☐ Candidate
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Other Receipt Source

c. Comments

d. Election Sum to Date

$ 1196.08

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

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

CARLA MILLER
131 FRANKLIN PLAZA
FRANKLIN NC 28734

b. Type of Contributor

- ☒ Individual
- ☐ Candidate
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Other Receipt Source

c. Comments

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

 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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
GREGORY BOYER 412 GOSHEN DRIVE FRANKLIN NC 28734	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 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 (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
JOHN VANHOOK 1115 HERITAGE HOLLOW DR FRANKLIN NC 28734	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 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 (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
JAMES TATE PO BOX 1255 HIGHLANDS NC 28741	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$ 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

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JEFF WANG 245 CAROLINA MTN FRANKLIN NC 28734	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 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	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 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	☐ Individual ☐ Candidate ☐ Party ☒ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 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

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

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
MACON COUNTY REPUBLICAN PARTY PO BOX 575 FRANKLIN NC 28744	☐ Individual ☐ Candidate ☒ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	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)	b. Type of Contributor	c. Comments
BILL AND GINA BARRINGTON 82 JOSHUA LANE FRANKLIN NC 28734	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	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	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$
	$	1435.00
	$	4361.08

Disbursements

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)	b. Coordinated Committee Name	d. Comments
GOIN POSTAL FRANKLIN 353 CAROLINA MTN DR FRANKLIN NC 28734	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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)	b. Coordinated Committee Name	d. Comments
GOIN POSTAL FRANKLIN 353 CAROLINA MTN DR FRANKLIN NC 28734	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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)	b. Coordinated Committee Name	d. Comments
SMOKY MOUNTAIN NEWS PO BOX 629 WAYNESVILLE NC 28786	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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

Amendment ☐ Yes ☒ No

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)
MACON PRINTING
219 EAST PALMER ST
FRANKLIN NC 28734

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

d. Comments

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

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

d. Comments

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 ADVERSTISING
PO BOX 120
SYLVA NC 28779

b. Coordinated Committee Name

c. Level Registered (Specify)
☐ Federal ☐ County:
☐ State ☐ Municipality:

d. Comments

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

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)	b. Coordinated Committee Name	d. Comments
ALLISON OUTDOOR ADVERTISING PO BOX 120 SYLVA NC 28779	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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)	b. Coordinated Committee Name	d. Comments
THE UPS STORE 131 FRANKLIN PLAZA FRANKLIN NC 28734	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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)	b. Coordinated Committee Name	d. Comments
HERREN HOUSE 94 EAST STREET WAYNESVILLE NC 28786	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ 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
				$	

	$ 4166.62
(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

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)	b. Coordinated Committee Name	d. Comments
THE MOUNTAINEER PUBLISHING GROUP 220 N. MAIN STREET WAYNESVILLE NC 28786	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	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)	b. Coordinated Committee Name	d. Comments
GOODER GRAFIX 1021 EAST MAIN ST FRANKLIN NC 28734	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	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)	b. Coordinated Committee Name	d. Comments
ROCKY MTN ELK FOUNDATION 5705 GRANT CREEK MISSOULA MT 59808	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	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

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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MOUNTAIN PROJECTS HAYWOOD HELPS 2251 OLD BALSAM RD WAYNESVILLE NC 28786		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
VIETNAM VETS OF AMERICA 8719 COLESVILLE RD STE 100 SILVER SPRINGS MO 20910		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
ZONTA OF FRANKLIN PO BOX 1492 FRANKLIN NC 28744		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 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
(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

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)	b. Coordinated Committee Name	d. Comments
PAY PAL 2211 NORTH FIRST ST SAN JOSE CA 95131	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	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	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	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	d. Comments
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	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

Pg 1 of 1 | 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)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
MACON COUNTY GOP PO BOX 595 FRANKLIN NC 28744		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	O	08/30/2014	$50.00	CAMPAIGN T-SHIRTS
				$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
CLAY COUNTY GOP CHATUGE PLAZA HWY 69 HAYESVILLE NC 28904		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 30.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	C	09/27/2014	$30.00	FUNDRAISING DINNER
				$	

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
JIM DAVIS FOR NC SENATE 16 W. JONES ST. #2111 RALEIGH, NC 27601		☐ Federal ☐ County: ☒ State ☐ Municipality:		$ 80.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	D	10/04/2014	$80.00	
				$	

	$ 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

Amendment ☐ Yes ☒ No

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)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
ASHLEY H HORNSBY WELCH 353 CAROLINA MTN DR BOX 134 FRANKLIN NC 28734	ASSISTANT DISTRICT ATTORNEY	STATE OF NORTH CAROLINA		10/31/2013	

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	k. Full Name of Lending Institution	l. Loan Number
%		$ 100.00	$ 100.00		

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
ASHLEY H HORNSBY WELCH 353 CAROLINA MTN DR BOX 134 FRANKLIN NC 28734	ASSISTANT DISTRICT ATTORNEY	STATE OF NORTH CAROLINA		11/06/2013	

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	k. Full Name of Lending Institution	l. Loan Number
%		$ 200.00	$ 200.00		

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
ASHLEY H HORNSBY WELCH 353 CAROLINA MTN DR BOX 134 FRANKLIN NC 28734	ASSISTANT DISTRICT ATTORNEY	STATE OF NORTH CAROLINA		11/15/2013	

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance	k. Full Name of Lending Institution	l. Loan Number
%		$ 200.00	$ 200.00		

	$ 500.00
	$ 500.00

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

CERTIFIED MAIL™

7008 1830 0003 0384 5392

UNITED STATES POSTAL SERVICE

1000

27611

U.S. POSTAGE
PAID
FRANKLIN,NC
28734
OCT 27, 14
AMOUNT

$8.45

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