Do not use this form to u	pdate information	miormation, must b		ong with other detailed forms.
a. Fuli Name		and the state of t	Possi	c. ID Number
ASHLEY WELCH FOR		IEY	Received	STA-9E3982-C-001
b. Mailing Address (include (OCT 2 9 2014	d. Date Filed
353 CAROLINA MOUN FRANKLIN NC 28734	NTAIN DRIVE BOX 1	³⁷ C	ampaign Financ	10/27/2014
				e. Phone Number
				828-606-2245
2014	07/01/2014		18/2014 ASHLI	EY HARRIS HORNSBY WELCH
Candidate Campaign	Party	Municipal	State (Company)	
PAC	Referendum	Organizationa	State/County I Organization	Referendum al Organizational
Independent Expenditure	Joint Fundraiser	Thirty-five da	— "	Pre-referendum
Legal Expense Fund				_
"Booster Fund"		Pre-primary	First	Final
Building Fund		Pre-election Pre-runoff	Second Third	Supplemental Final Annual
		Semi-annual	Fourth	Special
		Mid Yea	r Semi-annual	
Other:		Year End	I 📗 Mid Yo	ear Edition 1
		Final Second	Year E	nd :
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b. Purpose	c. Account Code		b. Purpose	c. Account Code
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b. Purpose ALL CAMPAIGN EXPENSES CERTIFICATION I certify that the Committee the NC General Statutes ar	AB d. Period Begin Balance \$ 8,016.68 e or Fund is in compliant that no funds are con	ance with all applica	ble provisions of Article 2	d. Period Begin Balance \$ 2.A. 22B. & 22D-22M of Chapter 163 of
b. Purpose ALL CAMPAIGN EXPENSES CERTIFICATION I certify that the Committee the NC General Statutes are is complete, true and corre	d. Period Begin Balance \$ 8,016.68 e or Fund is in compliant that no funds are concert and that I have been	ance with all applica	ble provisions of Article 2	d. Period Begin Balance
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ALL CAMPAIGN EXPENSES CERTIFICATION I certify that the Committe the NC General Statutes ar is complete, true and corre ASHLEY HORN Prin FOR OFFICE USE ONLY Date Received: Date Postmarked: Date Scanned: Date Data Entered: Please Note: This form	d. Period Begin Balance \$ 8,016.68 e or Fund is in compliant that no funds are concert and that I have been SBY WELCH ted Name of Signer 10-29-14 10-23-14 10-30-24 cannot be used to ame custodian	ence with all applicant mingled with prohitrained by the NC Since Employee: Employee: Employee: Employee: Employee: end committee information of books informatic	ble provisions of Article 2 ibited or other non-disclostate Board of Elections. Granture of Appointed Treasurer JES JES	d. Period Begin Balance \$ 22A, 22B, & 22D-22M of Chapter 163 of sed funds. I further certify that this report 10/27/2014 Date Delivery Method Normal Mail Registered Mail Hand Delivered Electronically Filed Signer has not received mandatory training ttee address, treasurer, assistant treasurer, i.

Disclosure Report Cover

Amendment

Yes

No No

Detailed Summary

 \boxtimes Yes Use this form to summarize all disclosure reporting forms and to total monetary information. ASHLEY WELCH FOR DISTRICT ATTORNEY 3RD QUARTER STA-9E3982-C-001 Total this **Start of Election Cycle:** Total this January 1, **2011** Reporting Period Election Cycle Cash on Hand at Start \$ 8016.68 \$ 5) Aggregated Contributions from Individuals (CRO-1205) 1527.00 \$ 2207 00 **Contributions from Individuals** 6) (CRO-1210) \$ 28,534.88 \$ 49,952.86 7) Contributions from Political Party Committees (CRO-1220) \$ 1810.00 \$ 1962.34 **Contributions from Other Political Committees** 8) (CRO-1230) 2000.00 \$ 2000.00 Loan Proceeds (CRO-1410) O \$ 500.00 10) Refunds/Reimbursements To the Committee (CRO-1240) \$ 0 \$ 0 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) O \$ 0 11b) Contributions from Not-for-Profit Organizations (CRO-1250) \$ 0 \$ 11c) Outside Sources of Income (CRO-1250) 0 \$ 0 11d) Legal Expense Fund – Other Sources (CRO-1270) \$ \$ n 0 11 e) Exempt Purchase Price Sales (CRO-1265) 0 \$ 0 TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) 12) 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) O \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 0 0 15) Loan Repayments (CRO-1420) 0 \$ 0 Refunds/Reimbursements From the Committee 16) (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) 21) Outstanding Loans (incl. ones from other campaigns) 500.00 (CRO-1430) 22) Debts and Obligations owed By the Committee (CRO-1610) 23) Debts and Obligations owed To the Committee (CRO-1620) \$ 0 24) Account Transfers Within the Committee (CRO-1720) \$ 25) Administrative Support (CRO-1710) \$ 0 S 0 26) Forgiven Loans (CRO-1440) \$ 0 0

CRO-1100

28)

27) 48-Hour Notice Reports Sum

Contributions to be Refunded

NC State Board of Elections

(CRO-2200)

(CRO-1215)

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August 2008

Amendment

Cont	ributions fro	om Individuals				つる	Amendmo	
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	city, state, & zip)					u. Commer	143	
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	city, state, & zip)	s r nonc		b. Job Title/Profession		d. Commen	ts	
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PO BOX FRANKI	773 IN NC 28744			c. Employer's Name/Sp SELF EMPLOYED		}		
TO MITTE	207			SELF EMPLOTEL	,	e. Election S	um to Date	····
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Cont	ributions fro	om Individuals				~~	Amendme	:nt
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	le city, state, & zip)						-	···
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	e city, state, & zip)				<u> </u>		Ph. Bray	
	D COLLINS			ATTORNEY				
PO BOX				c. Employer's Name/S]		
MUKFII	IY NC 28906			SELF EMPLOYE	3D			
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	SVILLE NC 2877	/1		c. Employer's Name/S SELF EMPLOYE		-		
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28,534.88

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675.00

	form to report in	dividual contributions	s over \$5	0 or contributions	Pg <u>3</u> under \$50 if form (of <u>23</u> CRO 1205 i	s not used	Yes 🔀
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о вох	143			c. Employer's Name		7		
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	ne, Mailing Address city, state, & zip)	& Phone		b. Job Title/Profession		d. Comme	ets	
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э вох	758			c. Employer's Name/	**** · · · · · · · · · · · · · · · · ·			
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rior					09/30/2	2014	\$	200.00
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Prior					09/30/2	2014	\$	200.00

NC State Board of Elections

April 2007

Contributions from Individuals

CRO-1210

		m Individuals dividual contributions		Pg 50 or contributions und	3 <u>4</u> o der \$50 if form C	r <u>23</u>	Amendme	ent es 🛛 N
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	le city, state, & zip)							
	I FRICKS APLE ST			RETIRED/REAL				
	KLIN NC 28734			c. Employer's Name/S CALDWELL BAI				
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95 DEP		А		ATTORNEY c. Employer's Name/Sp	ecific Field	-{		
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CRO-1210

AB5

CHECK

NC State Board of Elections

10/02/2014

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\$ 28,534.88

\$

April 2007

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Cont	ributions fro	m Individuals		1	Pg _5 of	23	Amendme	
Use this	form to report inc	lividual contributions	over \$5	0 or contributions u	nder \$50 if form CR	O 1205 is r	not used	_
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3// BKU	OV MOOD DK			c. Employer's Name/S	pecific Field			

CRO-1210

f. Prior

FRANKLIN NC 28734

AB5

g. Account Code

h. Form of Payment

CHECK

NC State Board of Elections

SELF EMPLOYED DRAKE ENTERPRISES

i. In-Kind Description

April 2007

1,500.00

1,000.00

e. Election Sum to Date

1,000.00

k. Amount

28,534-88

\$

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j. Date (mm/dd/yyyy)

09/22/2014

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	and the second second				4.5			
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	e city, state, & zip)							
	LE COWARD JR			ATTORNEY				
	TING BLVD ILLE NC 28804			c. Employer's Name/Sp		_		
ASILV	ILLE NC 20004			SELF EMPLOYEI	D/ATTORNEY	a Floriton	Sum to Date	
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SYLVA	NC 28779						<u> </u>	
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f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	<u> </u>	k. Amount	
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NC State Board of Elections

\$ 28,534.88

CRO-1210

Contributions from Individuals

Pg 7 of 23 Yes No

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ASHLEY	/ WELCH FOR D	DISTRICT ATTORNE	3 Y			STA	A-9E3982-C	2-001
	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	8	
	city, state, & zip) A DRAKE			BUSINESS OWNE	₹ R			
	ALMER ST			c. Employer's Name/Spe	····	1		
FRANKI	LIN NC 28734			SELF EMPLOYED/REST	`AURANT	1		
* * *	MART 4 1 TO THE ST.			OWNER		e. Election S	um to Date	
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316 SILENT RISE LANE FLAT ROCK NC 28731			SELF EMPLOYED					
1 1111 111	JOIL 110 20,01			OWNER KENMUR		e. Election St	um to Date	
				CLUB		\$	250.00	
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	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	<u> </u>	
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	TENS LANE			c. Employer's Name/Spe				
	RS NC 28717			COBB COUNTY G	A SCHOOL			
				SYSTEM FINANCI	E DEPT	e. Election Su	am to Date	
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Contributions from Individuals	Pg	8	of	<u>22</u>		Yes	\boxtimes	No
Use this form to report individual contributions over \$50 or contribution	ns under	\$50 if for	m CRC	1205 is n	ot used			

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ASHLEY	WELCH FOR D	ISTRICT ATTORNE	Y			STA	A-9E3982-C-001		
	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Comment	3		
	city, state, & zip)			ATTORNEY					
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	ec, wanting Address o city, state, & zip)	x radac		D. JUD TERCETURGENE		u. Comment			
TY HOR	, ' · · · · · · · · · · · · · · · · · · 			ORAL SURGEON					
PO BOX	1765			c. Employer's Name/Sp					
FLAT ROCK NC 28731			SELF EMPLOYED)		<u> </u>			
			SURGEON		e. Election S	um to Date			
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	city, state, & zip)			RETIRED US ARN	AY				
146 DAR				c. Employer's Name/Sp					
HARVES	ST AL 35749			MAJOR IN US AR	MY				
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CRO-121	0			NC State Board of Election	ns		April 2007		

					Amendme	ent
Contributions from Individuals		Pg	9	or <u>23</u>	Y	es 🛚
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No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used STA-9E3982-C-001 ASHLEY WELCH FOR DISTRICT ATTORNEY d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) **BUSINESS OWNER** C. HAMMOND RAUERS c. Employer's Name/Specific Field 818 MOREWOOD RD FRANKLIN FORD/OWNER **HIGHLANDS NC 28741** c. Election Sum to Date 150.00 j. Date (mm/dd/yyyy) k. Amount i. In-Kind Description f. Prior g. Account Code h. Form of Payment \$ 150.00 09/26/2014 AB5 **CHECK** \$ \$ d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) **PREACHER** J CLARK SHEFFIELD c. Employer's Name/Specific Field PO BOX 217 SELF EMPLOYED/ **WEBSTER NC 28788** e. Election Sum to Date **PREACHER** 100.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description f. Prior g. Account Code h. Form of Payment 07/07/2014 \$ 100.00 AB5 **CHECK** Γ \$ \$ d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) MEDICAL ASSISTANT BRENDA BROCK c. Employer's Name/Specific Field 111 LAUREL HEIGHTS LANE TY HORNSBY - MEDICAL **TRYON NC 28782** c. Election Sum to Date **ASSISTANT** 60.00 i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount h. Form of Payment g. Account Code f. Prior 60.00 \$ 09/15/2014 **CHECK** AB5 \$

CRO-1210

NC State Board of Elections

April 2007

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Contr	ibutions from	n Individuals		Pį	<u>11</u> of	23	Amendment Yes	No
Use this	form to report indi	vidual contributions of	ver \$50	or contributions un	der \$50 if form CR	O 1205 is no	ot used	
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	city, state, & zip)			SENIOR TAX M	ANAGER			
	H. FAASSE	ANT		c. Employer's Name/S	Precific Field	1		
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NC State Board of Elections

CRO-1210

\$ 28,534.88

April 2007

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Contributions from Individuals			Pg	10	of	<u>23</u>		Yes	\boxtimes	No
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	city, state, & zip)		<u> </u>					
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	ODLAWN CIR		1	c. Employer's Name/S				
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	LIN NC 28744			SELF EMPLOYE		1		
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						\$	200.00	
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NC State Board of Elections

CRO-1210

April 2007

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Use this	form to report indi	vidual contributions of	ver \$50	or contributions un	der \$50 if	form CR0	O 1205 is n	ot used	
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17 11			vi i						
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(include	city, state, & zip)								
	MILLER			CONSULTANT					
	NKLIN PLAZA I	OR .		c. Employer's Name/S		<u>ld</u>			
FRANK	LIN NC 28734			SELF EMPLOYE	3D		a Mastina	Sum to Date	
				CONSULTANT			C. EICCIDE	SHE W Date	
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(include	city, state, & zip)								
AARON	LITTLEFIELD			STUDENT			-		
РО ВОХ				c. Employer's Name/	Specine Fie	98	-		
CULLO	WHEE NC 28723						e. Election	Sum to Date	
							s	198.80	
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MARK	e city, state, & zip)			REAL ESTATE	INVEST	OR			
PO BOX				c. Employer's Name/]		
	F TA1A1						7		

CRO-1210

f. Prior

ASHEVILLE NC 28814

AB5

g. Account Code

NC State Board of Elections

SELF EMPLOYED

i. In-Kind Description

h. Form of Payment

CHECK

April 2007

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e. Election Sum to Date

j. Date (mm/dd/yyyy)

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k. Amount

Conti	ributions fro	m Individuals		,	Pg 13 of	23	Amendme Ye		
		ividual contributions	over \$5		-	RO 1205 is no		, K7 ,	
ASHLE	Y WELCH FOR E	DISTRICT ATTORNI	EY			STA	A-9E39 8 2-0	C-001	
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a. Full Na	me, Mailing Address	& Phone		b. Job Title/Professi	om	d. Commen	ts	· · · · · · · ·	
(include	e city, state, & zip)								
	ND GINA BARRI	NGTON		BUSINESS OW		_			
	IUA LANE			c. Employer's Name		-			
FRANK	LIN NC 28734			SELF EMPLOY	CONTRACTORS	a Florian 6	Sum to Date		
				DARKINGTON	CONTRACTORS				
						\$	500.00		
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(include city, state, & zip) MARTIN KIMSEY									
MARTII PO BOX				REAL ESTATE		4			
	LIN NC 28744			c. Employer's Name SELF EMPLOY		-			
TIMIN	LIN NC 20144			ESTATE	e. Election Sum to Date				
						\$	300.00		
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	city, state, & zip)								
	RY BOYER			ATTORNEY	新	-			
	SHEN RD LIN NC 28734			c. Employer's Name	ED/ATTORNEY	4			
LVAINV	LII1 INC 20/34			SELF ENTLOT	DUALIONIEI	c. Election S	um to Date		
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g. Account Code

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AB5

h. Form of Payment

IN KIND

CHECK

i. In-Kind Description

TICKETS

j. Date (mm/dd/yyyy)

07/11/2014

09/29/2014

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k. Amount

\$

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Amendment **Contributions from Individuals** Yes 🛛 No 14 Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used STA-9E3982-C-001 ASHLEY WELCH FOR DISTRICT ATTORNEY d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) **ATTORNEY** JOHN VANHOOK 1115 HERITAGE HOLLOW DR c. Employer's Name/Specific Field SELF EMPLOYED FRANKLIN NC 28734 **ATTORNEY** c. Election Sum to Date 300.00 k. Amount h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) f. Prior g. Account Code 300.00 09/29/2014 \$ IN KIND **FUNDRAISER** AB5 \$ \$ a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) **INSPECTOR** JOE JACK SELLERS **PO BOX 512** c. Employer's Name/Specific Field **CLAY COUNTY HAYESVILLE NC 28904** e. Election Sum to Date 150.00 k. Amount i. In-Kind Description j. Date (mm/dd/yyyy) h. Form of Payment f. Prior g. Account Code 150.00 08/25/2014 \$ **CHECK** AB5 \$ \$ d. Comments a. Full Name, Mailing Address & Phone b. Job Title/Profession (include city, state, & zip) **MAINTENANCE ROY DICKEY** c. Employer's Name/Specific Field 190 STONE TURTLE LANE CHEROKEE COUNTY **MURPHY NC 28906**

CRO-1210

f. Prior

П

g. Account Code

AB5

NC State Board of Elections

i. In-Kind Description

h. Form of Payment

CHECK

April 2007

550.00

100.00

e. Election Sum to Date

j. Date (mm/dd/yyyy)

08/25/2014

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k, Amount

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ASHLEY	WELCH FOR D	ISTRICT ATTORNE	Y			STA	A-9E3982-C-	001
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	ANDS NC 28741			LANDSCAPE BUS		1		
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(include city, state, & zip)					1			
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T JAMES	S GRAY			RETIRED c. Employer's Name/Sp	ecific Field			
T JAMES 84 SOAR				RETIRED c. Employer's Name/Spe TUPPERWARE/VI				
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CRO-1210

NC State Board of Elections

April 2007

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Contributions from Individuals Pg 16 of 23 TYES Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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KAYLA				PARALEGAL				
90 PINE	CONE LANE			c. Employer's Name/Spe				
A 4T ID DELT	\$2 \$100 0000£			GERALD COLLIN ATTORNEY	S -	!		-
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Contributions from Individuals	Pg	_17	of	23		Yes

No No Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

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a. Full Name, Mailing Address & Phone (include city, state, & zip) W DAVID SUMPTER 39 HIWASSEE STREET MURPHY NC 28906 SELF EMPLOYED ATTORNEY e. Election Sum to Date \$ 100.00	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/Specifit SELF EMPLOYED	\$
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W DAVID SUMPTER 39 HIWASSEE STREET MURPHY NC 28906 SELF EMPLOYED ATTORNEY e. Election Sum to Date \$ 100.00	W DAVID SUMPTER 39 HIWASSEE STREET MURPHY NC 28906 ATTORNEY c. Employer's Name/Specifi SELF EMPLOYED	d. Comments
39 HIWASSEE STREET MURPHY NC 28906 SELF EMPLOYED ATTORNEY c. Employer's Name/Specific Field SELF EMPLOYED \$ 100.00	39 HIWASSEE STREET MURPHY NC 28906 c. Employer's Name/Specifit SELF EMPLOYED	
MURPHY NC 28906 SELF EMPLOYED ATTORNEY e. Election Sum to Date \$ 100.00	MURPHY NC 28906 SELF EMPLOYED	
ATTORNEY e. Election Sum to Date \$ 100.00		W. 13
		Field
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount	I.	
	f. Prior g. Account Code h. Form of Payment i. In-Kind Description j.	e. Election Sum to Date
☐ AB5 CHECK 10/15/2014 \$ 100.00		e. Election Sum to Date \$ 100.00
□ s		e. Election Sum to Date \$ 100.00 Date (mm/dd/yyyy) k. Amount
		e. Election Sum to Date \$ 100.00 Onte (mm/dd/yyyy) k. Amount 10/15/2014 \$ 100.00
\$ 25D.00 Appear \$ 25,534.88		e. Election Sum to Date \$ 100.00 Pate (mm/dd/yyyy) k. Amount 10/15/2014 \$ 100.00 \$
\$ 28 534.88		e. Election Sum to Date \$ 100.00 Pate (mm/dd/yyyy) k. Amount 10/15/2014 \$ 100.00 \$

C Us

				^ -	Amen	dment		
ontributions from Individuals	Pg	18	of	<u>23</u>		Yes	\boxtimes	No
se this form to report individual contributions over \$50 or contribution	is under	\$50 if form	CRO) 1205 is no	t used			

					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			11 11 11 11
		ISTRICT ATTORNE					-9E3982-C-0	
<u> </u>	and the second second					- x 22/3		
	ne, Mailing Address é	k Phone		b. Job Title/Profession		d. Comments	3	
 	city, state, & zip) CHRISTY	 		ATTORNEY				
	LEVARD ST			c. Employer's Name/Spi	ecific Field			
	Y NC 28906			COLLINS LAW FI				
						e. Election S	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	yy)	k. Amount	
	AB5	СНЕСК			10/15/20	014	\$	100.00
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	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comments	<u> </u>	
	city, state, & zip) IORNSBY			RETIRED				
	IRFIELD DR			c. Employer's Name/Spe	cific Field			
	Y VARINA NC 27	7526		RETIRED BUSINE				
-				REAL ESTATE AC	GENT	e. Election Si	am to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy		k. Amount	
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	ne, Mailing Address & city, state, & zip)	k Phone		b. Job Title/Profession BUSINESS OWNE	R	d. Comments	<u> </u>	
<u>`</u>	BRYSON			DOSINESS OWNE	, C			
PO BOX				c. Employer's Name/Spe				
HIGHLA	NDS NC 28741			SELF EMPLOYED		*** .1 6		
				BRYSON GRADIN	lG	e. Election Se	*	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy)	yy)	k. Amount	
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						\$		800.00
						\$ 6	18,534	,88
CRO-121	0			NC State Board of Election	is			April 2007

Contributions from Individuals Pg 19

				Amei	ndment		
Pg	19	of	<u>23</u>		Yes	\boxtimes	No

Use this f	orm to report indi	vidual contributions o				O 1205 is no	t used			
ASHLEY	WELCH FOR D	ISTICT ATTORNEY					\-9E39 82- C-0			
		1 44 h. But 58								
	ne, Mailing Address d	& Phone	-	b. Job Title/Profession		d. Comment	<u> </u>			
(include) WILEY S	city, state, & zip)			DENTIST]		
	GARET'S LANE			c. Employer's Name/Sp	pecific Field			1		
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							\$			
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	ne, Mailing Address á	& Phone		b. Job Title/Profession		d. Comment	8			
	city, state, & zip) NN RAY			RETIRED						
	E CT #130			c. Employer's Name/Sp	pecific Field]				
	NDS NC 28741			SIEMANS ENERG	GY	<u> </u>				
						e. Election S				
						\$	200.00			
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							\$			
	ne, Mailing Address é	& Phone		b. Job Title/Profession		d. Comment	3			
,	city, state, & zip)			UNEMPLOYED						
PO BOX	HOPTAW 3418			c. Employer's Name/Sp	pecific Field	1				
	ANDS NC 28741			UNEMPLOYED			<u> </u>			
						e. Election S	um to Date			
	. <u> </u>					\$	300.00	<u> </u>		
f. Prior	g. Account Code	h. Form of Payment	i. la-l	Kind Description	j. Date (mm/dd/yy		k. Amount			
	AB5	CHECK			09/15/2	014	\$	300.00		
			 				\$			
							\$	<00.00		
						\$		600.00		
						\$ 3	18,534.	88		

Contributions from Individuals

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 DI	STRICT ATTORNE	Y			STA	-9E3982-C-0	01	
a. Full Nan	se, Mailing Address &	Phone		b. Job Title/Profession		d. Comments			
(include	city, state, & zip)								
SHERYL	WILSON			REAL ESTATE AG					
PO BOX	6012			c. Employer's Name/Spe					
ASHEVI	LLE NC 28816			WHITE OAK REAL					
						e. Election Su	m to Date		
						\$			
f. Prior	g. Account Code	h. Form of Payment	i In I	Lind Description	j. Date (mm/dd/yy)	ry)	k, Amouat		
I, FROF		СНЕСК			09/24/20		\$	100.00	
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						<u> </u>	\$		
							\$		
:	n de de la companya d						2 4 44 4		
a. Full Nan	ne, Mailing Address &	Phone		b. Job Title/Profession		d. Comments			
	city, state, & zip)								
STELL F				RETIRED ATTOR	NEY			i	
РО ВОХ	2469			c. Employer's Name/Spe					
HIGHLA	NDS NC 28741			MCKENNA, LONG					
				ALDRIDGE / ATTO	e. Election St	m to Date			
						\$	150.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Gad Description	j. Date (mm/dd/yy	<u> </u> уу)	k. Amount		
LFROT		СНЕСК	<u> </u>		09/23/20		s	150.00	
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200 000								\$ 1.4 m is	
a. Fuli Nac	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comment	<u> </u>		
	city, state, & zip)								
	PETTWAY			HOUSEWIFE		-			
	NIC HWY 25			c. Employer's Name/Spe	ecine Pieia	1			
rooko.	UT MOUNTAIN	IN 37350		HOUSEWIFE		e. Election S	nm to Date		
				,		\$	250.00		
	1	1 Form of Bornard	l i In i	Kind Description	j. Date (mm/dd/yy		k. Amount		
f. Prior	g. Account Code	h. Form of Payment	1. 100-3	Mari Description	09/24/2		\$	250.00	
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							\$		
							\$		
		i							
						\$		500.00	
							98,5 3 4		

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

	<u></u>			STA-9E3982-C-001						
ASHLEY	WELCH FOR D	ISTRICT ATTORNE	Y							
	ne, Mailing Address &	k Phone		b. Job Title/Profession		d. Comment				
	city, state, & zip)			BUSINESS OWNER	D			ļ		
ART WII	LLIAMS 'AL POINCIANA	WAV		c. Employer's Name/Spec						
#135	AL PUINCIANA	WAI		OLD EDWARDS IN						
	EACH FL 33480				e. Election S	um to Date				
1 * ****						\$	1,000.00			
f. Prior	g. Account Code	h. Form of Payment	i, In-li	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount			
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ere est en la compa				a de la companya de						
a. Full Nav	ne, Mailing Address é	& Phone		b. Job Title/Profession		d. Commen	ts			
	city, state, & zip)				_					
	DUNCAN			BUSINESS OWNER		1				
85 4 1/2				c. Employer's Name/Spec		-				
HIGHLA	NDS NC 28741			DESIGNS	e Election	Sum to Date				
				DESIGNS						
						\$	400.00	<u> </u>		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/yy	(YY)	k. Amount			
	AB5	CHECK			10/08/20	014	\$	400.00		
						<u> </u>	\$			
				!			\$			
			2 1							
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	its			
	city, state, & zip)									
	TAYLOR		_	BUSINESS OWNE		4				
	EAR CREEK DR			c. Employer's Name/Spe		4				
HIGHLA	ANDS NC 28741			HIGHLANDS DEC CENTER	OKATING	- Fiection	Sum to Date			
				CENTER		S	200.00			
	1	P. D of Beament	i In-	Kind Description	j. Date (mm/dd/y)		k. Amount			
f. Prior	g. Account Code	h. Form of Payment	1. 1111	VIRG DESCRIPTION	10/08/2		\$	200.00		
	AB5	CHECK			10/00/2	.014	\$			
			-				\$			
Ш								1,600.00		
						\$		1,000.00		
						\$	28,53	34,88		

Contributions from Individuals Yes 🛛 No Pg Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used STA-9E3982-C-001 ASHLEY WELCH FOR DISTRICT ATTORNEY d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) BANKER RICHARD POTTS c. Employer's Name/Specific Field PO BOX 1433 MACON BANK **HIGHLANDS NC 28741** e. Election Sum to Date 100.00 k. Amount j. Date (mm/dd/yyyy) i. In-Kind Description f. Prior g. Account Code h. Form of Payment 10/07/2014 \$ 100.00 **CHECK** AB5 \Box \$ \$ d. Comments b. Job Title/Profession a. Full Name, Mailing Address & Phone (include city, state, & zip) **BUILDING CONTRACTOR** JOHN UNDERWOOD

c. Employer's Name/Specific Field

j. Date (mm/dd/yyyy)

e. Election Sum to Date

\$

\$ 28,534.88

100.00 k. Amount

500.00

April 2007

SELF EMPLOYED

i. In-Kind Description

PO BOX 875

f. Prior

CRO-1210

HIGHLANDS NC 28741

g. Account Code h. Form of Payment

	AB5	CHECK			10/07/2	2014	\$ 10	0.00	
	1100	.,,,,,,					\$		
							s		
				may see a second of the second					
a. Fell Nan	e, Mailing Address	& Phone		b. Job Title/Profession	l	d. Comments			
(include city, state, & zip) PATRICIA CARR 1812 MCCLURE CREEK RD		RETIRED c. Employer's Name/S	-						
CANTO	NC 28716			Financial &	e. Election Sum to Date				
				Financial &	ployed	\$	300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y)	/yy)	k. Amount		
	AB5	CHECK			09/28/2	014	\$	300.00	
							\$		

NC State Board of Elections

Contri	butions fron	Individuals	6 50	Pg				No No		
			ver 200	or contributions unde	r \$50 ii ioriii CRC	J 1203 IS HOL	useu	No. of the		
	WELCH FOR DI	STRICT ATTORNE	Y			STA-	-9E3982-C-0	01		
a. Full Nau	e, Mailing Address &	Phone	-:	b. Job Title/Profession	<u> </u>	d. Comments				
	city, state, & zip)			BUSINESS OWNE	R					
ALAN C	OATES									
57 MILL				c. Employer's Name/Spe COATES DESIGN						
FRANKI	LIN NC 28734			COATES DESIGN.	EKS	e. Election Su	m to Date			
						\$				
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Lind Description	j. Date (mm/dd/yy	yy)	k. Amount			
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	AD3	111111111111111111111111111111111111111					\$			
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	city, state, & zip)									
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	me, Mailing Address d	k Phone		b. Job Title/Profession		d. Comments	J			
(include	city, state, & zip)			-						
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							\$	004.50		
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4.						\$ õ	18,534	.48		

NC State Board of Elections

CRO-1210

April 2007

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

Yes 🛛

ASHLEY WELCH FOR DISTRICT ATTORNEY			T ATTORNEY			STA-9E3982-C-001		
Ame	ad	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
]	Add	AB5	CASH		07/16/20	14	\$ 20.00	
<u> </u>	Remove	ABJ	CASH					
1	Add	AB5	CHECK		07/18/20	14	\$ 50.00	
<u>] </u>	Remove							
₫	Add	AB5	CASH		07/29/20	14	\$ 25.00	
<u></u>	Remove Add				00/05/00		6 50.00	
<u> </u>	Remove	AB5	CHECK		08/25/20	114	\$ 50.00	
3	Add				08/25/20	114	\$ 50.00	
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3	Add	AB5	CASH		08/25/20)14	\$ 50.00	
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7	Remove	AB5	CASH		09/30/20		45.00	
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Ī	Remove	ADJ	CHECK					
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<u>-</u> !	otal only this	Page				\$	985.00	
			D					
5. T	otal of ALL		Pages Summary Page CRO-1100)			\$	1527.00	

Aggregated Contributions from Individuals

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

nend]	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
	Add	AB5	CASH		09/30/2014	\$ 25.00
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	Add Remove	AB5	CASH		10/01/2014	\$ 50.00
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1	Remove	AB5	CHECK		10/01/2014	\$ 50.00
1	Add	405	CHECK		10/01/2014	\$ 25.00
<u> </u>	Remove	AB5	CHECK		10/01/2014	
1	Add	AB5	CHECK		10/01/2014	\$ 50.00
	Remove	ADJ	CHECK			
1	Add	AB5	CASH		10/07/2014	\$ 50.00
]	Remove					
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1	Remove					
3	Add	AB5	CHECK		10/08/2014	\$ 50.00
<u> </u>	Remove Add				40/00/2011	6 3500
<u> </u>	Remove	AB5	CHECK		10/08/2014	\$ 25.00
J 3	Add	 			10/00/2014	\$ 20.00
<u> </u>	Remove	AB5	CASH		10/09/2014	\$ 20.00
3	Add				10/14/2014	\$ 47.00
╣—	Remove	AB5	CASH		10/14/2014	\$ 47.00
1 -	Add		CACIT		07/02/2014	\$ 50.00
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Tot	al only this	Page			\$	542.00

Contributions from Political Party Committees Pg 1 of 1

Amendment

Pg 1 of 1 Yes No

Use this form to report c	ontributions from a	political	party
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				· _	
ASHLEY WELCH	FOR DISTRICT AT	TORNEY	İ	ST	A-9E3982-C-001
ga Million a la Primi (1977). Nasaran					
a. Full Name, Mailing			}	b. Com	ments
(include city, state, &	k 24p) REPUBLICAN WOI	MEN'S CLUB			
PO BOX 750			Ì	. 70 -4	on Sum to Date
FRANKLIN NC 2	8744		ŀ		
				\$	727.34
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
AB5	CHECK		07/16/20	014	\$ 500.00
ADS	IN KIND	AMERICAN FLAGS	09/01/2014		\$ 75.00
AB5	IN KIND				
					\$
				<u> </u>	
a. Full Name, Mailing				b. Com	ments
(include city, state, &	K ZIP) ITY REPUBLICAN I	PARTY			
PO BOX 131				e Fleet	ion Sum to Date
SYLVA NC 28779	9				300.00
			- 7-4-	\$	300.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	7)	h. Amount
AB5	CHECK		09/02/20	014	\$ 300.00
					\$
					\$
	namina interpretation				有望到这种的人 这
a. Full Name, Mailing	Address & Phone			b. Com	ments
(include city, state,	& zip) Y REPUBLICAN PA	ARTY			
PO BOX 595	1 KDI OBDICINITI				
FRANKLIN NC 2	28744				tion Sum to Date
•				\$	935.00
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyy	y)	h, Amount
AB5	IN KIND	AMERICAN FLAGS	09/01/2	014	\$ 75.00
AB5	IN KIND	RADIO ADS	10/01/2	2014	\$ 860.00
					\$
er i de per de				\$	1810.00
				\$	1810.00

	ons from Other Polit			<u>1</u> of	1 :	Yes 🛚	No
Use this form to	report contributions from other	er candidate, re	ferendum or PAC commit	ttees			
ASHLEY WELC	CH FOR DISTRICT ATTOR	NEY			ST	TA-9E3982-C-001	
	ng Address & Phone		b. Type of Committee	☐ PAC	d. Com	ments	
(include city, state			Candidate Referendum	☐ PAC			
MEADOWS FO PO BOX 811	JK CUNGKESS		c. Level Registered (Specify	y)]		
	VILLE NC 28793		Federal	County:	Tille	S C to Date	
CONGRESSMA	AN MARK MEADOWS		State	Municipality:	S S	1,000.00	
f. Account Code	g. Form of Payment	b. In-Kir	d Description	i. Date (mm/dd/yyyy	 ')	j. Amount	
	CHECK			09/29/2014		\$ 1,000.00	
AB5	CHECK				· · · · · ·	\$	
						\$	
							<u> </u>
	ing Address & Phone		b. Type of Committee Candidate	PAC	d. Com	incer.	
(include city, state			Candidate Referendum	L TAC			
ROGER WEST PO BOX 661			c. Level Registered (Specif	(y)]		
MURPHY NC	28906		Federal	County:			
Word			State	Municipality:	e. Elec	tion Sum to Date	
					\$	1,000.00	
f. Account Code	g. Form of Payment	h. In-Ki	nd Description	i. Date (mm/dd/yyy	y)	j. Amount	
AB5	CHECK			08/22/201	4	\$ 500.00	
AB5	CHECK			10/16/201	.4	\$ 500.00	
						s	
4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			1 1 1 1 1 1 1				
e Full Name Mail	ling Address & Phone	<u>, kanalangan dan kalabatan da</u>	b. Type of Committee		d. Cor	mments	
(include city, sta			Candidate	☐ PAC			
			Referendum c. Level Registered (Speci	(fu)	_		
			Federal	County:	1		
			State	Municipality	e. Ele	ction Sum to Date	
i					\$		
f. Account Code	g. Form of Payment	h. In-K	ind Description	i. Date (mm/dd/yy)	(Y)	j. Amount	
A CANADAM COST	<u> </u>					\$	
						\$	
						\$	
		*			\$	2000.00	
					\$	2000.00	
CRO-1230			NC State Board of Ele	ections		A	oril 20

In-Kind Contributions			•
A	 4.4	1	anade

In-Kind Contributions	Pg	1	of	4	Amend	Yes		No
THE INDICATE OF THE PROPERTY OF SET OF THE PROPERTY OF SET	vices p	rovided	to the	committ	ee or rui	na.		
Use this form to report non-monetary contributions, donations, goods or ser	dove							
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7	uays.					100		
USC CICO 1210								
				S	TA-9E3	1982-C	-001	
THE THE CHECK DISTRICT ATTORNEY				-				

se CRO-1215 if In-Kind Contributions were or will be refund				
ASHLEY WELCH FOR DISTRICT ATTORNEY				STA-9E3982-C-001
	196			
	b. Type of Cor		c. Comm	
Fuil Name, Mailing Address & Phone	☐ Individ			
(include city, state, & zip)	Candid	iate		
LEO PHILLIPS PO BOX 974	Party			
MURPHY NC 28906	PAC		3 731 - 45	on Sum to Date
WORLD THE ZONE	Refere			
	Otner	Receipt Source	\$	1060.50
		f. Date (mm/dd/yy	yy)	g. Fair Market Amount
E. Description FOOD AND VENUE FEE FOR FUNDRAISER		08/25/2014	4	\$ 760.50
FOOD AND VENUE FEET OR TOTAL TELESCOPE			·	
				\$
				\$
	b. Type of Co	petributor	e, Com	ments
a. Full Name, Mailing Address & Phone	✓ Indiv		1	
(include city, state, & zip)	Cand	lidate	ļ	
KATHLEEN FLETT 60 WOODSONG LANE	Party			
FRANKLIN NC 28734	PAC		4 E'les	tion Sum to Date
TRANSLIN NO 2010		rendum	G. E.ect	
	U Otne	r Receipt Source	\$	1196.08
		f. Date (mm/dd/y	ууу)	g. Fair Market Amount
e. Description CAR MAGNENTS		08/08/201	14	\$ 96.08
CAR MAGNENTO				
				\$
				\$
	()			
a. Full Name, Mailing Address & Phone	b. Type of	Contributor	c. Con	nments
a. Full Name, Maining Addition to 1 and 1		ividual		
CARLA MILLER	==	ndidate		
131 FRANKLIN PLAZA	Paur PA	-		
FRANKLIN NC 28734	1	ferendum	d. Ek	ection Sum to Date
	L	ner Receipt Source	\$	450.00
		f. Date (mm/dd/	enna)	g. Fair Market Amount
e. Description				
8 X 8 YARD SIGN		09/01/20)14	\$ 150.00
				\$
				\$
	<u> </u>		\$	1006.58
			\$	4361.08
				100100

In-Kind Contributions Use this form to report non-monetary contributions, donations, g Use CRO-1215 if In-Kind Contributions were or will be refunded		servi		of to the c	<u>4</u>	Amendment Yes No nittee or fund.	
						108 2014	
ASHLEY WELCH FOR DISTRICT ATTORNEY						STA-9E3982-C-001	
	•		A Company		*		
a. Full Name, Mailing Address & Phone			ontributor	C.	Com	ments	
(include city, state, & zip)	_ ⊠	Indi	vidual				
GREGORY BOYER			didate				
412 GOSHEN DRIVE		Part					
FRANKLIN NC 28734	ᅵᆜ	PAC		ļ			
	ᅵ닏		rendum	<u> </u>	. Elec	tion Sum to Date	
		Othe	er Receipt Source	æ	\$ 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	b. Ty	pe of C	Contributor	C.	Com	ments	
(include city, state, & zip)	\boxtimes	Indi	vidual				
JOHN VANHOOK		Can	didate				
1115 HERITAGE HOLLOW DR		Part	y				
FRANKLIN NC 28734		PAC					
			rendum	<u> </u>	d. Election Sum to Date		
		Other Receipt Source		ce	\$ 300.00		
e. Description			f. Date (mm/	dd/yyyy)		g. Fair Market Amount	
FOOD FOR FUNDRAISER			09/29	/2014		\$ 300.00	
						\$	
						\$	
						The Salar And American	
a. Full Name, Mailing Address & Phone	b. Ty	pe of C	Contributor	C.	Сош	ments	
(include city, state, & zip)		Indi	vidual	T	-		
JAMES TATE		Can	didate				
PO BOX 1255		Part					
HIGHLANDS NC 28741		PAC		ļ			
			rendum	<u> </u>	. Elec	tion Sum to Date	
		Oth	er Receipt Sour	œ	\$	500.00	
e. Description		-	f. Date (mm/	dd/yyyy)		g. Fair Market Amount	

CRO-1510

FOOD FOR FUNDRAISER

NC State Board of Elections

December 2007

\$

\$

\$ 810.00

\$

\$

10/07/2014

500.00

4361.08

In-Kind Contributions Use this form to report non-monetary contributions, donations,			r <u>H</u>	Amendment Yes No mittee or fund.		
Use CRO-1215 if In-Kind Contributions were or will be refund	ed within 7 da	ys.		en e		
ASHLEY WELCH FOR DISTRICT ATTORNEY		vetikust seeks til 1.	7.7	STA-9E3982-C-001		
THE STATE OF THE PROPERTY OF T	120	NACTOR PROCESS				
a. Full Name, Mailing Address & Phone	b. Type of	Contributor		nments		
(include city, state, & zip)		ividual	+			
JEFF WANG		didate				
245 CAROLINA MTN	Part		i			
FRANKLIN NC 28734	PAC	*				
		erendum	d. Ele	ction Sum to Date		
	<u> </u>	er Receipt Source	\$	150.00		
e. Description		f. Date (mm/dd/y	erw)	g. Fair Market Amount		
8 X 8 YARD SIGN	· · · · · · · · · · · · · · · · · · ·	L Date (Markey)	333)	B. Pati Maint Amount		
6 A 6 TARD SIGN		09/01/201	14	\$ 150.00		
				\$		
				\$		
a. Full Name, Mailing Address & Phone	b. Type of (Contributor	c. Cor	nments .		
(include city, state, & zip)	⊠ Indi	vidual				
ALAN COATES	Can	didate				
57 MILL STREET	Part	y				
FRANKLIN, NC 28734	PAC					
	Refe	erendum	d. Ele	ction Sum to Date		
	Oth	Other Receipt Source		884.50		
e. Description	4	f. Date (mm/dd/y)	ууу)	g. Fair Market Amount		
FOOD, SIGNS, AND FLYERS FOR MEET AND GREET		09/30/201	4	\$ 884.50		
				\$		
				\$		
a. Full Name, Mailing Address & Phone	b. Type of (Contributor	c. Con	aments		
(include city, state, & zip)		viđual	†			
GEM COUNTRY WOMEN'S REPUBLICAN CLUB	⊟ Can	didate				
PO BOX 750	Part	y				
FRANKLIN NC 28734	PAC					

CRO-1510

e. Description

AMERICAN FLAGS

NC State Board of Elections

Referendum

Other Receipt Source

f. Date (mm/dd/yyyy)

09/01/2014

December 2007

d. Election Sum to Date

727.34

\$

\$

\$

\$

1109.50

g. Fair Market Amount

4361.08

\$ 75.00

					Amen	dment		
In-Kind Contributions	Pg	<u>4</u>	of	4		Yes	\boxtimes	
Use this form to report non-monetary contributions, donations, goods or	r comices no	ovided	to the	commi	ttee or fi	ınd		

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
Parl Name Market Address & Physics				,	
a. Full Name, Mailing Address & Phone			Contributor vidual	c. Coi	uments
(include city, state, & zip) MACON COUNTY REPUBLICAN PARTY			vicuai lidate		
PO BOX 575	=	Caun Party			
FRANKLIN NC 28744		PAC			
	_		rendum	d. Ele	ction Sum to Date
		Othe	er Receipt Source	\$	935.00
e. Description			f. Date (mm/dd/yy)	yy)	g. Fair Market Amount
AMERICAN FLAGS			09/01/2014		\$ 75.00
RADIO ADS			10/01/2014	4	\$ 860.00
					\$
				. " '	
a. Full Name, Mailing Address & Phone		of C	ontributor	c. Con	nments
(include city, state, & zip)		Indiv	/idual	-	
BILL AND GINA BARRINGTON		Cand	lidate		
82 JOSHUA LANE		Party			
FRANKLIN NC 28734		PAC			
			rendum	d, Elec	ction Sum to Date
	<u></u> Ц '	Othe	r Receipt Source	\$	500.00
e. Description			f. Date (mm/dd/yyy	ry)	g. Fair Market Amount
PAYMENT FOR STAFF AT FUNDRAISER			09/29/2014	ļ	\$ 500.00
					\$
					\$
		el ^t i		1	
a. Fall Name, Mailing Address & Phone			ontributor	c. Con	aments
(include city, state, & zip)	=		ridual lidate		
	=	Cano Party			
		PAC			
	=		rendum	d, Ele	ction Sum to Date
		Othe	r Receipt Source	\$	
e. Description			f. Date (mm/dd/yy)	ry)	g. Fair Market Amount
					\$
					\$
					s
		·		\$	1435.00
				\$	4361.08

Disbursen		_	Pg		6 Yes No
Use this form to	o report expenditures I coordinated party e	s from the committ xpenditures.	ee for; operating expenses	s, contributions to	candidate/political
				Fig. 1. Sec. 1	
ASHLEY WE	LCH FOR DISTRIC	T ATTORNEY			STA-9E3982-C-001
Operating	Fynences	Contributions to Car	ndidates/Political Committees		Coordinated Party Expenditures
Operating		Conditionals to Car	ididaks/10mical Committees		coordinated Party Expenditures
a. Full Name, Mai	ling Address & Phone	<u> </u>	b. Coordinated Committee !	Vame	d. Comments
(include city, state					
GOIN POSTA					_
353 CAROLIN FRANKLIN N			c. Level Registered (Specify)	County:	-
TRANKLINI	C 20734		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	1	09/11/2014	\$51.50	STAMPS
ADJ	CHECK	1	09/11/2014	\$31.30	
AB5	CHECK	I	07/16/2014	\$51.00	STAMPS
		Dorse Wildelf (1)			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	аше	d. Comments
(include city, state		· · · · · · · · · · · · · · · · · · ·			
GOIN POSTA 353 CAROLIN			c. Level Registered (Specify)		
FRANKLIN N			Federal Specify	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, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,					
	NTAIN NEWS		Y 15 14 1/0 110		
PO BOX 629 WAYNESVILI	E NC 29796	ŀ	c. Level Registered (Specify) Federal	County:	-
WATNESVIE	LE NC 20700		State	Municipality:	e. Election Sum to Date
					\$ 2646.00
	T		1.2	T	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	Α	07/02/2014	\$330.00	AD FEE

E - Salaries
I - Postage
O* - Other

CRO-1310

A* - Media

AB5

CHECK

B* - Printing

F* - Equipment
J - Penalties

A

(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)

C* - Fundraising

G - Political Party

K* - Office Expenses

NC State Board of Elections

10/02/2014

December 2009

AD FEE

\$

H* - Holding Public Office Expenses
Q* - Donation to Legal Expense Fund

D - To Another Candidate

2760.55

27,970.21

\$2316.00

Amendment

isbursements se this form to report expenditures from the committee for; operating expenditures and coordinated party expenditures.		Pg rating expenses	2 , contribu	of itions to	Amendmen Yes ate/political	\boxtimes	N
committees and coordinated party expenditures.							: `
ATTORNEY	7		<u> </u>		STA-9E	3982-C-00	1

	CH FOR DISTRICT				STA-9E3982-C-001
			didates/Political Committees	Coo	ordinated Party Expenditures
Operating E	xpenses				
Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	me	d. Comments
clude city, state,	& zip)				:
IACON PRIN			c. Level Registered (Specify)		1
19 EAST PAL		·	Federal	County:	1
RANKLIN N	C 28/34		State	Municipality:	e. Election Sum to Date
					\$ 260.89
	,	h. Purpose Code	: Dete (mar/dd/props)	i, Amount	k. Required Remarks
Account Code	g. Form of Payment	n. Parpose Code	i. Date (mm/dd/yyyy)		INVITATIONS
B5	CHECK	В	09/11/2014	\$73.60	
				s	
			b. Coordinated Committee N	LINE	d. Comments
	ling Address & Phone		b. Coordinated Committee		
clude city, state	TDOOR ADVERTIS	SING			_
O BOX 120			c. Level Registered (Specify)		
YLVA NC 28	87 7 9		Federal	County: Municipality:	e. Election Sum to Date
			State	Viuncipanty.	
					\$ 18,408.67
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	Α	07/09/2014	\$2900.00	JULY BILLBOARDS
AB5	CHECK	74			AUGUST BILLBDS
AB5	CHECK	A	08/10/2014	\$3270.00	
Full Name, Ma	iling Address & Phone		b. Coordinated Committee N	ame	d. Comments
nclude city, stat	e. & zip)		_		
	TDOOR ADVERST	TISING	c. Level Registered (Specify)		7
PO BOX 120	9770		Federal	County:	
SYLVA NC 2	.0117		State	Municipality:	e. Election Sum to Date
					\$ 18,408.67
		h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
. Account Code	g. Form of Payment	a. Purpose Coure			SEPT. BILLBOARD
AB5	CHECK	A	09/11/2014	\$3405.00	
	CHECK	Α	09/24/2014	\$321.13	POSTERS
AB5	CHECK	A	0)/2//201		\$ 9969.73
(This England	in line 13a of Detailed Si	ımmary Page CRO-11	00 if Operating Expenses)		\$ 27,970.21
(This line moss	in line 13h of Detailed St	ımmary Page CRO-11	00 if Contrib to Canalaates/Pou	tical Comm)	
(This line goes	in line 13c of Detailed St	ımmary Page CRO-11	00 if Coordinated Party Expend	itures)	
A* - Media E - Salaries	B* - Printing F* - Equipme	C* - Fu ct G - Poli	ndraising tical Party	D - To And H* - Holdi	other Candidate ng Public Office Expenses tion to Legal Expense Fund
[- Postage O* - Other	J - Penalties	K* - Oi	fice Expenses	Q 2010	

Disbursem				Pg		6 ☐ Yes 🖾 No
			ee f	for; operating expenses,	contributions to c	andidate/political
committees and	coordinated party ex	penditures.	سند			
A CHEL DAY DUEL	OH FOR DIOTRIC	r ATTODNEY			<u> </u>	CTLA OFFICE CLOSE
ASHLEY WEL	CH FOR DISTRIC	ATTORNEY		.,		STA-9E3982-C-001
Operating B	xpenses	Contributions to Can	idid	ates/Political Committees	∐ Coe	ordinated Party Expenditures
a. Full Name, Maili	ing Address & Phone		<u>b.</u>	. Coordinated Committee Na	RENC	d. Comments
(include city, state,			1			
ALLISON OUT	TDOOR ADVERTIS	SING	L]
PO BOX 120			C.	Level Registered (Specify)		
SYLVA NC 28	779		ΙE	Federal	County:	
				State	Municipality:	e. Election Sum to Date
		•				\$ 18,408.67
			L			3 16,406.07
L Account Code	g. Form of Payment	h. Purpose Code		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
ADE	OTTECK	<u> </u>	\neg	10/06/2014	\$2645.00	OCT. BILLBOARDS
AB5	CHECK	A		10/06/2014	\$3645.00	
			\neg			
					\$	
a. Full Name, Maili	ng Address & Phone		b.	. Coordinated Committee Na	net e	d. Comments
(include city, state,	-		Г			
THE UPS STO			1			
131 FRANKLII				Level Registered (Specify)		†
FRANKLIN NO			F	Federal	County:	1
FRANKLIN IN	J 40134		╽┝	State	Municipality:	e. Election Sum to Date
			┝		Municipanty.	e. Election Sale to Date
		i	1			\$ 21.62
	T = -= -	h. Purpose Code	Ц	1 70-4 ((434)	1 : 4	b Bouried Bounds
f. Account Code	g. Form of Payment	n. rarpuse coue		i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks COPIES
AB5	CHECK	В		07/16/2014	\$21.62	COPIES
					\$	
			₹	Coordinated Committee Na		d. Comments
•	ng Address & Phone		10.	CONTRACTOR COMMITTEE NA	rime.	u. Comments
(include city, state,		· · · · · -	ł			
HERREN HOU						1
94 EAST STRE			<u>c.</u>	Level Registered (Specify)		4
WAYNESVILL	E NC 28786		۱Ŀ] Federal [County:	
			止	State	Municipality:	e. Election Sum to Date
						\$ 500.00
			Ĺ.,			
f. Account Code	g. Form of Payment	h. Purpose Code	_	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	CHECK	О	-	07/18/2014	\$500.00	FOOD FOR MEET
11155	CIIDOIL		\Box		*	AND GREET
				1	s	
					—	
						\$ 4166.62
						4
` •	line 13a of Detailed Sun		-			\$ 27,970.21
				Contrib to Candidates/Politic		
(This line goes in	line 13c of Detailed Sun	mary Page CRO-1100) if (Coordinated Party Expenditu	res)	
A* - Media	B* - Printing	C* - Fund			D - To Anothe	
E - Salaries	F* - Equipment			•		Public Office Expenses
I - Postage	J - Penalties	K* - Offic	æ£	xpenses	Ų* - Donatio	n to Legal Expense Fund
O* - Other						

Disbursements

Amendment
Yes

No No

Disbursements

Pg <u>4</u>

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 WEL	CH FOR DISTRIC	T ATTORNEY			STA-9E3982-C-001
Operating F	expenses	Contributions to Can	didates/Political Committees	Coo	ordinated Party Expenditures
	Salar Sa	Talun se se ex	· · · · · · · · · · · · · · · · · · ·		
	ing Address & Phone		b. Coordinated Committee N	Rime	d. Comments
(include city, state, THE MOUNTA	& 21 9) Aineer Publishi	NG			
GROUP			c. Level Registered (Specify)		
220 N. MAIN S			Federal	County:	
WAYNESVILI	LE NC 28786		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	СНЕСК	A	09/10/2014	\$1469.20	AD FEES
AB5	CHECK	A	10/02/2014	\$3207.60	AD FEES
<u> </u>					
l	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state, GOODER GRA		·			
1021 EAST MA			c. Level Registered (Specify)		
FRANKLIN NO	C 28734		Federal	County:	
		-	State	Municipality:	e. Election Sum to Date
					\$ 6183.50
f. Account Code	g. Form of Payment	b. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
AB5	СНЕСК	0	08/05/2014	\$4531.54	SIGNS
AB5	СНЕСК	0	09/18/2014	\$1411.77	SIGNS
· · · · · · · · · · · · · · · · · · ·					
•	ng Address & Phone	-	b. Coordinated Committee Na	ine .	d. Comments
(include city, state, or ROCKY MTN I	ELK FOUNDATIO	J I			
5705 GRANT C	CREEK		c. Level Registered (Specify)		
MISSOULA M	Г 59808		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 DINNER FEE
AB5	CHECK	0	07/09/2014	\$100.00	
			<u>,</u>	\$	
					\$ 10,720.11
(This line goes in	line 13a of Detailed Sun		if Operating Expenses)		e 27.070.21
	-		if Contrib to Candidates/Politic	-	\$ 27,970.21
(This line goes in	line 13c of Detailed Sum	mary Page CRO-1100	if Coordinated Party Expenditu	res)	
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	C* - Fundi G - Politica K* - Office	l Party		r Candidate Public Office Expenses to Legal Expense Fund

Amendment
Yes

No No

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

ASHLEY WEL	CH FOR DISTRICT	ATTORNEY			STA-9E3982-C-001
			et meet to		Last a Death Vanna dia
Operating E			didates/Political Committees		ordinated Party Expenditures
			b. Coordinated Committee Na	Mac.	d. Comments
	ng Address & Phone	1	D. CONTRIBUTED COMMITTEE NA		# Comments
(include city, state,	<u>& zip)</u> ROJECTS HAYWO	OD			
HELPS	ROJECIS IMI WU		c. Level Registered (Specify)		
2251 OLD BAL	SAM RD	ł	Federal	County:	
WAYNESVILL			State	Municipality:	e. Election Sum to Date
44 12 8 1 147D A 177T	110 40100				\$ 200.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k, Required Remarks
					FUNDRAISER
AB5	CHECK	О	07/25/2014	\$200.00	TICKETS
				\$	
				49	
	ng Address & Phone	1	b. Coordinated Committee Na		d. Comments
(include city, state,					
	TS OF AMERICA	}	c. Level Registered (Specify)		
	LLE RD STE 100	ŀ	Federal Federal	County:	
SILVER SPRIN	179 MO 70310		State	Municipality:	e. Election Sum to Date
		ŀ			
					\$ 50.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		0	08/22/2014	\$50.00	GOLF HOLE
AB5	CHECK	<u> </u>	V014414U14	<i>\$20.00</i>	SPONSOR
				\$	
			b. Coordinated Committee Na		d. Comments
•	ng Address & Phone		D. CONTRACTO COMMITTEE 1/3		
(include city, state, ZONTA OF FR		<u></u>			
PO BOX 1492	A MARCALL		c. Level Registered (Specify)		
FRANKLIN NO	28744		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
				\$100.00	FUNDRAISER
AB5	CHECK	0	09/08/2014	\$100.00	TICKETS
				\$	
		and the second s		and general and the second of	\$ 350.00
(This line goes in	line 13b of Detailed Sun	unary Page CRO-1100	() if Operating Expenses) () if Contrib to Candidates/Politic () if Coordinated Party Expenditu		\$ 27,970.21
(1 nis une goes in	mie 15t oj 17timien 1888	emy ingo the 1100	y was amount a may may amount		
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties				er Candidate Public Office Expenses n to Legal Expense Fund

Disbursements

Pg <u>6</u>

of <u>6</u>

Amendment Yes

No No

es, contributions to candidate/political

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l
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•

A* - Media

B* - Printing

C* - Fundraising

D - To Another Candidate

E - Salaries
I - Postage

F* - Equipment
J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses
Q* - Donation to Legal Expense Fund

O* - Other

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

ASHLEY WEL	CH FOR DISTRICT	ATTORNEY			STA-9E3982-C-001
			didates/Political Committees		rdinated Party Expenditures
Operating E		Contributions to Car	ididates/Pontical Committees		A series of the
e Full Name Mail	ing Address & Phone		b. Coordinated Committee Na	me	d. Comments
(include city, state,	-				
MACON COU	NTY GOP				
PO BOX 595			c. Level Registered (Specify)	County:	
FRANKLIN NO	C 28744		State	Municipality:	e. Election Sum to Date
			Statt LJ	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6 80.00
					\$ 80.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	0	08/30/2014	\$50.00	CAMPAIGN
AB5	CHECK			<u> </u>	T-SHIRTS
				\$	
e Full Name Mail	ing Address & Phone	and the second second second	b. Coordinated Committee Na	ine	d. Comments
a. run rease, wan (include city, state,					
CLAY COUN					
CHATUGE PL			c. Level Registered (Specify)	Country	4
HAYESVILLE	NC 28904		Federal State	County: Municipality:	e. Election Sum to Date
			State []	Municipality.	
					\$ 30.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		С	09/27/2014	\$30.00	FUNDRAISING
AB5	CHECK		03/2//2017		DINNER
				\$	
· · · · · · · · · · · · · · · · · · ·					
D Male and Male	ling Address & Phone		b. Coordinated Committee N	ame	d. Comments
a. Full Name, Mai (include city, state					
ЛМ DAVIS FO	OR NC SENATE				4
16 W. JONES			c. Level Registered (Specify)		4
RALEIGH, NO	EIGH, NC 27601		Federal State	County: Municipality:	e. Election Sum to Date
			State	with orpation.	
					\$ 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	
				s	
		च्यास्थान सञ्चल विशेष्ट्रा होता है। एट १		the digital section with the field of the company of the digital and the field of	\$ 160.00
					4
(This line ones	in line 13a of Detailed Sui	mmary Page CRO-11	00 if Operating Expenses)		\$ 160.00
(This line goes i	in line 13b of Detailed Sui	mmary Page CRO-11	00 if Contrib to Candidates/Politi	cal Comm)	Ψ 100.00
(This line goes	in line 13c of Detailed Sur	mmary Page CRO-11	00 if Coordinated Party Expendit	ures)	
			1-1-1-	D - To Anot	her Candidate
			ical Party H* - Holding		g Public Office Expenses
I - Postage	J - Penalties		fice Expenses	Q* - Donati	on to Legal Expense Fund
O* - Other					

Outstanding Loans

Amendment 1

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

				STA-9E3982-C-001
HLEY WELCH FO	R DISTRICT ATTORNE	Y		
最高级的人员会员				
		h. Job Tit	ile/Profession	d. Comments
ull Name, Mailing Add	ress & Phone			
include city, state, & zip SHLEY H HORNSE	OV WEI CH	ASSISTANT DISTRICT		Day (maddings)
SHLEY H HORNSE 3 CAROLINA MTI	N DR BOX 134	ATTORNEY		e. Start Date (mm/dd/yyyy)
RANKLIN NC 2873	4	c. Employer's Name/Specific Field		10/31/2013
CANKLIN NC 2073	· -		E OF NORTH	f. End Date (mm/dd/yyyy)
		CARO	LINA	le Erich Determine
			i. Original Loan Amount	j. Remaining Loan Balance
Rate	h. Security Pledged			\$ 100.00
%			\$ 100.00	
_	<u> </u>		<u> </u>	1. Loan Number
Full Name of Leading I	nstitution			
and grown and the second second				
Full Name, Mailing Ad	dress & Phone	b. Job T	Title/Profession	d. Comments
Full Name, Mailing Au (include city, state, & z				
SHLEY H HORNS	RRY WELCH		STANT DISTRICT	e. Start Date (mm/dd/yyyy)
53 CAROLINA M	IN DR BOX 134	ATTO	ORNEY	
RANKLIN NC 287	734	c. Empl	loyer's Name/Specific Field	11/06/2013
, ICH II VIELEN		STATE OF NORTH CAROLINA		f. End Date (mm/dd/yyyy)
		CAR	OLINA	
	T		i. Original Loan Amount	j. Remaining Loan Balance
, Rate	h. Security Pledged			\$ 200.00
			\$ 200.00	
				L Loan Number
	- T-etitution			i
L Full Name of Leading	; Institution			
L Full Name of Lending	: Institution			
L. Full Name of Leading	; [astitution			d. Comments
		b. Job	Title/Profession	
a. Full Name, Mailing A	Address & Phone zip)			
a. Full Name, Mailing A (include city, state, & ASHI FY H HORN	Address & Phone zip) VSBY WELCH	ASS	SISTANT DISTRICT	
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA N	Address & Phone : zip) VSBY WELCH MTN DR BOX 134	ASS	SISTANT DISTRICT	d. Comments e. Start Date (mm/dd/yyyy)
a. Full Name, Mailing A (include city, state, & ASHI FY H HORN	Address & Phone : zip) VSBY WELCH MTN DR BOX 134	ASS ATT	SISTANT DISTRICT FORNEY uployer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA N	Address & Phone : zip) VSBY WELCH MTN DR BOX 134	ASS ATT c. Em	SISTANT DISTRICT FORNEY Sployer's Name/Specific Field ATE OF NORTH	d. Comments e. Start Date (mm/dd/yyyy)
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA N	Address & Phone : zip) VSBY WELCH MTN DR BOX 134	ASS ATT c. Em	SISTANT DISTRICT FORNEY uployer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA N	Address & Phone : zip) VSBY WELCH MTN DR BOX 134	ASS ATT c. Em	SISTANT DISTRICT FORNEY Iployer's Name/Specific Field ATE OF NORTH ROLINA	e. Start Date (mm/dd/yyyy) 11/15/2013 f. End Date (mm/dd/yyyy)
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA M FRANKLIN NC 25	Address & Phone (2 zip) USBY WELCH UTN DR BOX 134 8734	ASS ATT c. Em	SISTANT DISTRICT FORNEY Sployer's Name/Specific Field ATE OF NORTH	e. Start Date (mm/dd/yyyy) 11/15/2013
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA N FRANKLIN NC 28	Address & Phone (22ip) NSBY WELCH ATN DR BOX 134 8734 h. Security Pledged	ASS ATT c. Em	SISTANT DISTRICT FORNEY sployer's Name/Specific Field ATE OF NORTH ROLINA i. Original Loan Amount	e. Start Date (mm/dd/yyyy) 11/15/2013 f. End Date (mm/dd/yyyy)
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA N FRANKLIN NC 28	Address & Phone (2 zip) USBY WELCH UTN DR BOX 134 8734	ASS ATT c. Em	SISTANT DISTRICT FORNEY Iployer's Name/Specific Field ATE OF NORTH ROLINA	e. Start Date (mm/dd/yyyy) 11/15/2013 f. End Date (mm/dd/yyyy) j. Remaining Loan Balance \$ 200.00
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA N FRANKLIN NC 25	Address & Phone zip) NSBY WELCH MTN DR BOX 134 8734 h. Security Pledged	ASS ATT c. Em	SISTANT DISTRICT FORNEY sployer's Name/Specific Field ATE OF NORTH ROLINA i. Original Loan Amount	e. Start Date (mm/dd/yyyy) 11/15/2013 f. End Date (mm/dd/yyyy) j. Remaining Loan Balance
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA N FRANKLIN NC 28	Address & Phone zip) NSBY WELCH MTN DR BOX 134 8734 h. Security Pledged	ASS ATT c. Em	SISTANT DISTRICT FORNEY sployer's Name/Specific Field ATE OF NORTH ROLINA i. Original Loan Amount	e. Start Date (mm/dd/yyyy) 11/15/2013 f. End Date (mm/dd/yyyy) j. Remaining Loan Balance \$ 200.00
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA N FRANKLIN NC 25	Address & Phone zip) NSBY WELCH MTN DR BOX 134 8734 h. Security Pledged	ASS ATT c. Em	SISTANT DISTRICT FORNEY sployer's Name/Specific Field ATE OF NORTH ROLINA i. Original Loan Amount	e. Start Date (mm/dd/yyyy) 11/15/2013 f. End Date (mm/dd/yyyy) j. Remaining Loan Balance \$ 200.00
a. Full Name, Mailing A (include city, state, & ASHLEY H HORN 353 CAROLINA N FRANKLIN NC 25	Address & Phone zip) NSBY WELCH MTN DR BOX 134 8734 h. Security Pledged	ASS ATT c. Em	SISTANT DISTRICT FORNEY sployer's Name/Specific Field ATE OF NORTH ROLINA i. Original Loan Amount	d. Comments e. Start Date (mm/dd/yyyy) 11/15/2013 f. End Date (mm/dd/yyyy) j. Remaining Loan Balance \$ 200.00 L. Loan Number

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