

Amendment  
 Yes  No

**Disclosure Report Cover**

Use this form for General Report and committee information, must be signed and submitted along with other detailed forms  
 Do not use this form to update information

Full Name NC Republican Party		STA-C4186N-C-001	
Mailing Address (include city, state, zip, and county) PO Box 12905 Raleigh, NC 27605		RECEIVED JUL 26 2017 07/06/2017 919-828-6423	
Year 2017	Start Date 01/01/2017	End Date 06/30/2017	Committee Name Jason Lemons
<input type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input checked="" type="checkbox"/> Other: 0	<input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special

11. Account Information

Bank of America-House

House	A
	\$8,663.00

11. Account Information

Bank of America-State

State	3
	\$15,708.77

11. Account Information

Bank of America-Senate

Senate	2
	\$139,471.63

SC. 7-27-17 JLS

**CERTIFICATION**

I certify that the Committee of 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.

Jason T Lemons  
Printed Name of Signer

[Signature]  
Signature of Appointed Treasurer

7/26/17  
Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Postmarked: \_\_\_\_\_

Employee: \_\_\_\_\_

Date Received: \_\_\_\_\_

Employee: \_\_\_\_\_

- [ ]
- [ ]
- [X] [ ]
- [ ]
- [ ]

**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.