

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

1. Committee Information

a. Full Name	c. ID Number
Committee to Elect Wesley Meredith	124365
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
113 Great Oaks Fayetteville NC 28303	
	e. Phone Number
	910 867 9595

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
	01-01-10	06-30-10	Wesley Meredith

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Presidential Election Year Candidates Fund	<input checked="" type="checkbox"/> Mid Year		Semi-annual	
<input type="checkbox"/> NC Public Campaign Financing Fund	<input type="checkbox"/> Year End		<input type="checkbox"/> Mid Year	
<input type="checkbox"/> Other:	<input type="checkbox"/> Final		<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report	<input type="checkbox"/> Special		<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
				10. Special Report Name

11. Account Information	
a. Financial Institution Full Name	
BBIT	
b. Purpose	c. Account Code
	001
	d. Period Begin Balance
	\$ 13391.47

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 undisclosed 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

Wesley A. Meredith Wesley A. Meredith 7-18-11
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: mea Delivery Method

Date Postmarked: JUL 27 2011 Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

Electronically Filed

Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment

Yes No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Committee to Elect Wesley Herodite				RL4365	
Start of Election Cycle: January 1, 2010		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 13,391.47		\$ 5,287.47	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0		\$ 75.00	
6) Contributions from Individuals (CRO-1210)		\$ 600.00		\$ 8,049.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$		\$	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$		\$	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$		\$	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 600.00		\$ 8,924.00	
EXPENDITURES					
13) Disbursements		Total this		Total this	
13a) Operating Expenditures (CRO-1310)		\$		\$ 220.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 11,600.00		\$ 11,600.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 11,600.00		\$ 11,800.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,391.47		\$ 2,391.47	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 2,000.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Wesley Meredith						RLY 36 J	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Don Price 4657 Murphy Rd Rastover NE 58312 910 483 7833				Owner/CRO		#3669	
				c. Employer's Name/Specific Field			
				Lafayette Ford		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Check		1-5-10	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
David Dickorhoff 875 Sea Gull Drive Vass NC 28394				Dentist		#1275	
				c. Employer's Name/Specific Field			
				Self-employed		e. Election Sum to Date	
						\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	001	Check		1-5-10	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 600.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						\$ 600.00	

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Committee to Elect Wesley Meredith						ELY 365	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Wesley Meredith for Senate PO Box 27398 113 Great Oaks Fayetteville NC 28314							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 11600.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
001	check	0	02-01-10	\$ 4000.00	For State Senate Campaign		
001	check	0	06-30-10	\$ 7600.00	For State Senate Campaign		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
				\$			
				\$			
5. Total only this Page						\$ 11600.00	
6. Total of ALL CRO-1310 Pages						\$ 11600.00	
(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)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
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		O* - Other	
* Codes require detailed explanation in required remarks field (k)							