

Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

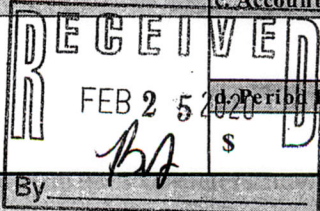
Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name	c. ID Number
CAMPAIGN TO ELECT BETSY S. HARNAGE	-LCBR90--
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
1501 LACKEY ST. SHELBY, NC 28152	02/24/2020
	e. Phone Number

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	01/01/2020	02/15/2020	DONNA MABRY

6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" 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	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input checked="" 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"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name		
0				

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
SHELBY SAVINGS BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 2191.35		\$



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

Donna Mabry Printed Name of Signer
 [Signature] Signature of Appointed Treasurer
 02/24/2020 Date

FOR OFFICE USE ONLY

Date Received: 2/25/2020 Employee: BA Delivery Method

Date Postmarked: _____ 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
CAMPAIGN TO ELECT BETSY S. HARNAGE	2020 First Quarter	-LCBR90--
Start of Election Cycle: January 1, <u>2017</u>		
	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 2,191.35	\$ 1,563.60
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 0.00	\$ 170.00
6) Contributions from Individuals (CRO-1210)	\$ 300.00	\$ 1,250.00
7) Contributions from Political Party Committees (CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)	\$ 0.00	\$ 0.00
9) Loan Proceeds (CRO-1410)	\$ 0.00	\$ 1,000.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 0.00	\$ 0.00
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income (CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 300.00	\$ 2,420.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 55.00	\$ 1,143.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0.00	\$ 70.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 24.00	\$ 358.25
15) Loan Repayments (CRO-1420)	\$ 0.00	\$ 0.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 0.00	\$ 0.00
17) In-Kind Contributions (CRO-1510)	\$ 0.00	\$ 0.00
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 79.00	\$ 1,571.25
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2,412.35	\$ 2,412.35
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 2,000.00	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ 0.00	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ 0.00	
24) Account Transfers Within the Committee (CRO-1720)	\$ 0.00	
25) Administrative Support (CRO-1710)	\$ 0.00	\$ 0.00
26) Forgiven Loans (CRO-1440)	\$ 0.00	\$ 0.00
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ 0.00	\$ 0.00
28) Contributions to be Refunded (CRO-1215)	\$ 0.00	\$ 0.00

RECEIVED
 FEB 5 2020
 By: *[Signature]*

Contributions from Individuals

Pg 1 of 1

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

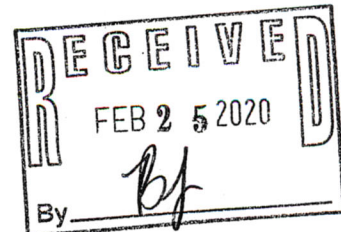
Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
CAMPAIGN TO ELECT BETSY S. HARNAGE				-LCBR90--	
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
PATRICIA HARNAGE 1616 N FULLER AVE APT 420 LOS ANGELES, CA 90046			ARTIST		
			c. Employer's Name/Specific Field		e. Election Sum to Date
			SELF		
					\$ 300.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	01	Credit Card		01/09/2020	\$ 300.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 300.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 300.00

CRO-1210

NC State Board of Elections

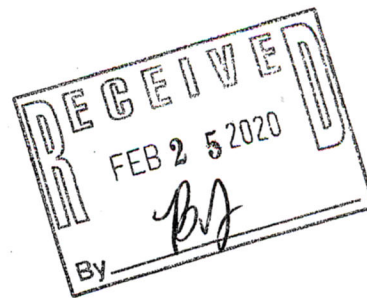
April 2007



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	
CAMPAIGN TO ELECT BETSY S. HARNAGE				-LCBR90--	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input 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
WEROCC 2000 STONEVIEW CIRCLE SHELBY, NC 28150					
			c. Level Registered (Specify)		e. Election Sum to Date
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			Cleveland		\$ 105.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Check	O	01/01/2020	\$ 55.00	MEMBERSHIP
				\$	
5. Total only this Page					\$ 55.00
6. Total of ALL CRO-1310 Pages					\$ 55.00
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					



Aggregated Non-Media Expenditures

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

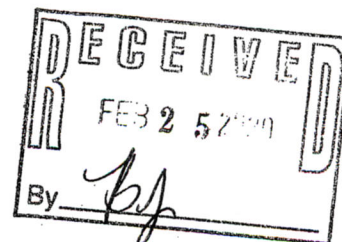
Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)					2. ID Number	
CAMPAIGN TO ELECT BETSY S. HARNAGE					-LCBR90--	
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	01	Electric Funds Tran	O	01/09/2020	\$ 24.00	FEE
<input type="checkbox"/> Remove						
4. Total only this Page					\$	24.00
5. Total of ALL CRO-1315 Pages					\$	24.00
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		H* - Holding Public Office Expenses		
I - Postage		J - Penalties		K* - Office Expenses		
O* - Other				Q* - Donations to Legal Expense Fund		
* Codes require detailed explanation in required remarks field (g)						

CRO-1315

NC State Board of Elections

December 2009



Outstanding Loans

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
CAMPAIGN TO ELECT BETSY S. HARNAGE			-LCBR90--		
3. Lender 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	
BETSY S HARNAGE 1501 LACKEY ST SHELBY, NC 28152		REGISTER OF DEEDS			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		CLEVELAND COUNTY		12/15/2015	
				f. End Date (mm/dd/yyyy)	
				12/31/2020	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
0.00%		\$ 700.00		\$ 700.00	
k. Full Name of Lending Institution				l. Loan Number	
3. Lender 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	
BETSY S HARNAGE 1501 LACKEY ST SHELBY, NC 28152		REGISTER OF DEEDS			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		CLEVELAND COUNTY		01/03/2016	
				f. End Date (mm/dd/yyyy)	
				12/31/2020	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
%		\$ 300.00		\$ 300.00	
k. Full Name of Lending Institution				l. Loan Number	
3. Lender 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	
BETSY S HARNAGE 1501 LACKEY ST SHELBY, NC 28152		REGISTER OF DEEDS			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
		CLEVELAND COUNTY		11/03/2019	
				f. End Date (mm/dd/yyyy)	
				12/31/2023	
g. Rate	h. Security Pledged	i. Original Loan Amount		j. Remaining Loan Balance	
%		\$ 1,000.00		\$ 1,000.00	
k. Full Name of Lending Institution				l. Loan Number	
4. Total only this Page				\$ 2,000.00	
5. Total of ALL CRO-1430 Pages <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i>				\$ 2,000.00	