

# 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.

Amendment  
 Yes  No

<b>1. Committee Information</b>		<b>c. ID Number</b>
a. Full Name Committee to elect Ronnie Whatstine		OCBVC7
b. Mailing Address (include City, State and Zip Code) P.O. Box 968 Shelby, NC 28151		d. Date Filed 2/24/2020
		e. Phone Number 704 482-7594

<b>2. Report Year</b> 2020	<b>3. Period Start Date (mm/dd/yy)</b> 01/01/2020	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b> Thomas E Crawford
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		<b>Referendum</b>	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> State/County	<input type="checkbox"/> Organizational	
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Final	
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<b>10. Special Report Name</b>	
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		
		<input type="checkbox"/> Special	<input type="checkbox"/> Final		
			<input type="checkbox"/> Special		

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name Home Trust Bank		a. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code TRW	b. Purpose	c. Account Code
	d. Period Begin Balance \$366.69		d. Period Begin Balance

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 By *[Signature]*

**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.

Thomas E Crawford      Thomas E Crawford      \_\_\_\_\_  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received:	<u>2/24/2020</u>	Employee:	<u>[Signature]</u>	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	

**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 Ronnie Whetstone				008 VC 7	
Start of Election Cycle: January 1, 2020		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 366.69		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1020 <sup>00</sup>		\$ 1020 <sup>00</sup>	
6) Contributions from Individuals (CRO-1210)		\$ 2875 <sup>00</sup>		\$ 2875 <sup>00</sup>	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 1000 <sup>00</sup>		\$ 1000 <sup>00</sup>	
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)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 4895 <sup>00</sup>		\$ 4895 <sup>00</sup>	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2558.15		\$ 2558.15	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
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)		\$ 2558.15		\$ 2558.15	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2703.54		\$ 2703.54	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$			
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)		\$			

CRO-1100

NC State Board of Elections

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August 2008

**Aggregated Contributions from Individuals**

Page 1 of 2

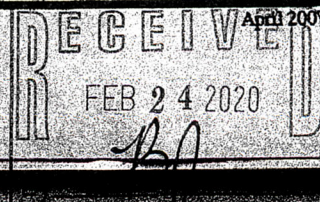
Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Committee to elect Ronnie Whatstine				DCBVC7	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/11/2020	\$ 25 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/12/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/13/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/13/2020	\$ 20 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/13/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/14/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/14/2020	\$ 25 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/15/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/15/2020	\$ 25 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/15/2020	\$ 25 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/16/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/17/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/19/2020	\$ 25 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/22/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/22/2020	\$ 25 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/24/2020	\$ 25 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/24/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/25/2020	\$ 25 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/29/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/29/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/29/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/31/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add <input type="checkbox"/> Remove	JRW	Check		01/31/2020	\$ 50 <sup>00</sup>
<b>4. Total only this Page</b>					\$ 920 <sup>00</sup>
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 1020 <sup>00</sup>
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

CRO-1205

NC State Board of Elections



Committee +

# Aggregated Contributions from Individuals

Amendment  Yes  No

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

1. Committee Full Name (and Fund if applicable) Committee to elect Ronnie Whetstone	2. ID Number OCBVC7
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a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	JRW	Check		02/05/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Remove	JRW	Check		02/05/2020	\$ 50 <sup>00</sup>
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
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<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$

4. Total only this Page	\$ 100 <sup>00</sup>
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>	\$ 1020 <sup>00</sup>

# 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

1. Committee Full Name (and Fund if applicable) <b>Committee to elect Ronnie Whetstone</b>	2. ID Number <b>OCBVC7</b>
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3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Larry Hamrick Sr. 1202 Townsend Terrace Kings Mountain, NC 28086 704 739-6613</b>	b. Job Title/Profession <b>Insurance Agent Retired</b>	c. Employer's Name/Specific Field <b>WALSH HAMRICK INSURANCE</b>	d. Comments
			e. Election Sum to Date <b>\$ 100<sup>00</sup></b>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/10/2020	\$ 100 <sup>00</sup>
<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>Thomas E Crowford 115 E Debbie Dr Shelby NC 28150 704 432-5210</b>	b. Job Title/Profession <b>Mech Sys Eng Manager Retired</b>	c. Employer's Name/Specific Field <b>Duke Energy Catawba Nuclear Station Clover, SC</b>	d. Comments
			e. Election Sum to Date <b>\$ 100<sup>00</sup></b>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/11/2020	\$ 100 <sup>00</sup>
<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>Dwight Greene 1901 Red Road Shelby, NC 28152 704 913-6582</b>	b. Job Title/Profession <b>FECS Garage Door Sales</b>	c. Employer's Name/Specific Field <b>Self Employed</b>	d. Comments
			e. Election Sum to Date <b>\$ 100<sup>00</sup></b>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/11/2020	\$ 300 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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					\$ 2875 <sup>00</sup>
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# 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) <b>Committee to elect Ronnie Whetstone</b>	2. ID Number <b>OCBVC7</b>
---	-------------------------------

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Larry Dooley 14 Heritage Lane Shelby, NC 28150 704 477-7240</b>	b. Job Title/Profession <b>Sales man Retired</b>
c. Employer's Name/Specific Field	d. Comments
	e. Election Sum to Date <b>\$ 200<sup>00</sup></b>

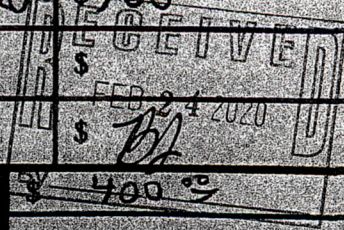
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/14/2020	\$ 200 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Ed Goforth 252 Goforth Rd Kings Mountain, NC 28086 704 739-7649</b>	b. Job Title/Profession <b>Business Owner</b>
c. Employer's Name/Specific Field <b>Goforth Mechanical</b>	d. Comments
	e. Election Sum to Date <b>\$ 100<sup>00</sup></b>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/24/2020	\$ 100 <sup>00</sup>
<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>Gwynette Graswold 157 Oak Point Drive Cherryville, NC 28021 704 484-3469</b>	b. Job Title/Profession <b>Engineer Retired</b>
c. Employer's Name/Specific Field <b>PPG Shelby, NC</b>	d. Comments
	e. Election Sum to Date <b>\$ 100<sup>00</sup></b>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/14/2020	\$ 100 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$



**\$ 2875<sup>00</sup>**

# 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

Committee Full Name (and Fund if applicable)						Z. ID Number	
Committee to elect Ronnie Whetstone						OCBVC7	
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Jim Robinson P.O. Box 2572 Shelby, NC 28151 704-473-0000						b. Job Title/Profession Manager	
						c. Employer's Name/Specific Field Colored Metal Product	
						d. Comments	
						e. Election Sum to Date \$100 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JRW	Check		01/14/2020	\$100 <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Pam Greene 1802 Country Garden Drive Shelby, NC 28150 704 484-9679						b. Job Title/Profession School Counselor (Retired)	
						c. Employer's Name/Specific Field	
						d. Comments	
						e. Election Sum to Date \$100 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JRW	Check		01/15/2020	\$100 <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) Travis Mangum 1325 Montrose Drive Shelby, NC 28150 704 487-9666						b. Job Title/Profession Self Employed CPA	
						c. Employer's Name/Specific Field MANGUM ASSOCIATES	
						d. Comments	
						e. Election Sum to Date \$100 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JRW	Check		01/16/2020	\$100 <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		

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 \$ 300<sup>00</sup>  
 \$ 2875<sup>00</sup>

# 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) <b>Committee to elect Ronnie Whetstone</b>						2. ID Number <b>OCBVC7</b>	
3. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Dennis Goforth 1840 E Dixon Blvd Shelby, NC 28152 704-482-0575</b>			4. Job Title/Profession <b>Business Owner</b>		5. Comments		
			6. Employer's Name/Specific Field <b>Southco Industries</b>		7. Election Sum to Date <b>\$100<sup>00</sup></b>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JRW	Check		01/17/2020	\$100 <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
8. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Carter Johnson 76 Fairview Farms Rd Shelby, NC 28150 704 482-1647</b>			9. Job Title/Profession <b>Manager</b>		10. Comments		
			11. Employer's Name/Specific Field <b>Clelland Lumber Shelby NC</b>		12. Election Sum to Date <b>\$100<sup>00</sup></b>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JRW	Check		01/17/2020	\$100 <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
13. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Tom Tate 912 Sherwood Lane Kings Mountain 28086 704-739-5658</b>			14. Job Title/Profession <b>Banker Retired</b>		15. Comments		
			16. Employer's Name/Specific Field <b>Son Trust Bank</b>		17. Election Sum to Date <b>\$100<sup>00</sup></b>		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	JRW	Check		01/17/2020	\$100 <sup>00</sup>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		

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 FEB 24 2020  
 \$ 300<sup>00</sup>  
 \$ 2875<sup>00</sup>



# 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 Name (and FFFF applicable)	2. ID Number
Committee to elect Ronnie Whetstone	OCBV07

a. Full Name, Mailing Address & Phone (include city, state, & zip) Courtney Madden P.O. Box 2176 Shelby, NC 28151 704 482-3572	b. Job Title/Profession Teacher Retired	d. Comments
	c. Employer's Name/Specific Field Cleveland County Schools	
	e. Election Sum to Date \$100 <sup>00</sup>	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/20/20	\$100 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Murrey 307 W Mountain St Kings Mountain, NC 28086 704 904-7701	b. Job Title/Profession Real Estate Broker	d. Comments
	c. Employer's Name/Specific Field Self Employed	
	e. Election Sum to Date \$75 <sup>00</sup>	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/20/2020	\$75 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip) Tommy Hall 306 Liberty Court Kings Mountain 28086 704 412-1916	b. Job Title/Profession Company President	d. Comments
	c. Employer's Name/Specific Field Hall Builders	
	e. Election Sum to Date \$100 <sup>00</sup>	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/21/2020	\$100 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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 FEB 24 2020  
 \$275<sup>00</sup>

\$2875<sup>00</sup>

# 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

Committee to elect Ronnie Whetstone	ID Number OCBV07
-------------------------------------	---------------------

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) David C Beum 2610 Taylor Road Shelby, NC 28152 704-487-7261	<b>b. Job Title/Profession</b> Retired Business Owner	<b>d. Comments</b> e. Election Sum to Date \$ 400 <sup>00</sup>
<b>c. Employer's Name/Specific Field</b> Shelby Honda		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/22/2020	\$ 400 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Jim Holland 4027 Lynn Circle Shelby, NC 28150 704 480-7288	<b>b. Job Title/Profession</b> Insurance Agent	<b>d. Comments</b> e. Election Sum to Date \$ 100 <sup>00</sup>
<b>c. Employer's Name/Specific Field</b> MB Hambrick		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW			01/22/2020	\$ 100 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Jack Isaacs 1314 Vista Drive Shelby, NC 28150 204-484-7111	<b>b. Job Title/Profession</b> Banker Retired	<b>d. Comments</b> e. Election Sum to Date \$ 100 <sup>00</sup>
<b>c. Employer's Name/Specific Field</b>		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/13/2020	\$ 700 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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 \$ 700<sup>00</sup>  
 \$ 600<sup>00</sup>

					\$ 2875 <sup>00</sup>
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# 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

<b>1. Committee Fund Name (and Fund if applicable)</b> Committee to elect Ronnie Whetstone		<b>2. ID Number</b> OCBVC7
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<b>3. Contribution Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove		
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Myers Hambricht 123 E Debbie Dr Shelby, NC 28150 704 484-3684	<b>b. Job Title/Profession</b> Teacher Retired	<b>d. Comments</b>
	<b>c. Employer's Name/Specific Field</b> Gaston Community College	<b>e. Election Sum to Date</b> \$100 <sup>00</sup>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/22/2020	\$100 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Jim Holland 4027 Lynn Circle Shelby, NC 28150 704 480-7289			<b>b. Job Title/Profession</b> Insurance Agent	<b>d. Comments</b>
		<b>c. Employer's Name/Specific Field</b> MB Hambrick Insurance Agency	<b>e. Election Sum to Date</b> \$100 <sup>00</sup>	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/22/2020	\$100 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) Frank Meeker 131 E Debbie Dr Shelby, NC 28150 704 480-9291			<b>b. Job Title/Profession</b> Plant Manager Retired	<b>d. Comments</b>
		<b>c. Employer's Name/Specific Field</b> Copeland Corp Shelby, NC	<b>e. Election Sum to Date</b> \$100 <sup>00</sup>	

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	JRW	Check		01/22/2020	\$100 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

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 \$300<sup>00</sup>  
 \$2875<sup>00</sup>

# 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

Committee Name (and Fund if applicable)						ID Number
Committee to elect Ronnie Whetstone						OCBVC7
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Dentist Retired		d. Comments	
Paul Hendricks 408 Dawning Drive Kings Mountain, NC 28086 704-739-2196			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JRW	Check		01/25/2020	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Company President		d. Comments	
Mason Venable 109 Point Cove Cherryville, NC 28021 704-477-4764			c. Employer's Name/Specific Field American Restoration		e. Election Sum to Date \$ 100 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JRW	Check		01/31/2020	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession Business Owner		d. Comments	
David Settle 2224 Holly Lane Shelby, NC 28150 704-481-1788			c. Employer's Name/Specific Field Settle HVAC		e. Election Sum to Date \$ 200 <sup>00</sup>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	JRW	Check		02/03/2020	\$ 100 <sup>00</sup>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					RECEIVED FEB 24 2020 \$ 100 \$ 300 \$ 2875 <sup>00</sup>	

**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

Committee Full Name (and Fund if applicable)		Committee Number			
Committee to elect Ronnie Whetstone		OCBVC7			
<input type="checkbox"/> Full Name, Mailing Address & Phone (include city, state, & zip)		<input type="checkbox"/> Job Title/Profession			
Mike Cheng 188 North Shore Drive Cherryville, NC 28021 704 484-9669		Restaurant Owner			
<input type="checkbox"/> Full Name, Mailing Address & Phone (include city, state, & zip)		<input type="checkbox"/> Job Title/Profession			
<input type="checkbox"/> Full Name, Mailing Address & Phone (include city, state, & zip)		<input type="checkbox"/> Job Title/Profession			
<input type="checkbox"/> Full Name, Mailing Address & Phone (include city, state, & zip)		<input type="checkbox"/> Job Title/Profession			
Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	JRW	Check		02/04/2020	\$100 <sup>00</sup>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$100 <sup>00</sup>
					\$2875 <sup>00</sup>

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# Loan Proceeds

Amendment  
 Yes  No

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

1. Committee Ball Name (and Fund if applicable)		2. ID Number	
Committee to elect Ronnie Whetstine		DCBVC 1	
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments
Ronnie Whetstine P.O. Box 968 Shelby, NC 28151 704 477-7594		Building Contractor	
		e. Start Date (mm/dd/yyyy)	
		c. Employer's Name/Specific Field	01/02/2020
		f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment
0 %	None	JRW	Check
k. Amount			\$1000 <sup>00</sup>
l. Full Name of Lending Institution			m. Loan Number

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Percentage	e. Amount
			%	\$
			%	\$
			%	\$
			%	\$
			%	\$

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 [Signature]

**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 Ronnie Whetstone						OCBVC7
Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
Add <input type="checkbox"/> Remove <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Office Max 423 Earl Rd Shelby, NC 28150 704 480-6321						
			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:		\$ 52.93	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JRW	Debit Card	K	01/03/2020	\$ 52.93	Envelopes for mailing	
				\$		
Add <input type="checkbox"/> Remove <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Office Max 423 Earl Rd Shelby, NC 28150 704 480-6321						
			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:		\$ 143.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JRW	Debit Card	B	01/09/2020	\$ 90.20		
				\$		
Add <input type="checkbox"/> Remove <input type="checkbox"/>						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Office Max 423 Earl Rd Shelby, NC 28150 704 480-6321					FEB 24 2020 BJ	
			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:		\$ 363.13	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
JRW	Debit Card	I	01/09/2020	\$ 220.00		
				\$		
						\$ 363.13
(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)						\$ 2558.15
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

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) <b>Committee to elect Ronnie Whetstone</b>						2. ID Number <b>OCBUC7</b>	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Add <input type="checkbox"/> Remove <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Westmoreland Printing 2020 E Dixon Blvd Shelby, NC 28152 704 482-9100</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 285.40</b>	
f. Account Code <b>JRW</b>	g. Form of Payment <b>Check</b>	h. Purpose Code <b>B</b>	i. Date (mm/dd/yyyy) <b>01/22/2020</b>	j. Amount <b>\$ 285.40</b>	k. Required Remarks <b>Business &amp; Post Cards</b>		
5. Add <input type="checkbox"/> Remove <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>United States Post Office 405 S Dekalb St Shelby, NC 28150 800 275-8771</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 165.00</b>	
f. Account Code <b>JRW</b>	g. Form of Payment <b>Check</b>	h. Purpose Code <b>I</b>	i. Date (mm/dd/yyyy) <b>01/22/2020</b>	j. Amount <b>\$ 165.00</b>	k. Required Remarks		
6. Add <input type="checkbox"/> Remove <input type="checkbox"/>							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Westmoreland Printing 2020 E Dixon Blvd Shelby, NC 28152 704 482-9100</b>				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date <b>\$ 2014.04</b>	
f. Account Code <b>JRW</b>	g. Form of Payment <b>Check</b>	h. Purpose Code <b>B</b>	i. Date (mm/dd/yyyy) <b>01/14/2020</b>	j. Amount <b>\$ 1778.64</b>	k. Required Remarks <b>Palm Cards</b>		
						<b>\$ 2179.04</b>	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)						<b>\$ 2558.15</b>	
(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)							
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							

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**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) <b>Committee to elect Ronnie Whetstone</b>	2. ID Number <b>DCBVC7</b>
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3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)

Operating Expenses     Contributions to Candidates/Political Committees     Coordinated Party Expenditures

4. Entry Information     Add     Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Spake Concrete 1110 N Post Rd Shelby, NC 28150 704 482-2881</b>	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify)		e. Election Sum to Date <b>\$15.98</b>
<input type="checkbox"/> Federal <input checked="" 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
<b>JRW</b>	<b>Check</b>	<b>0</b>	<b>02/12/2020</b>	<b>\$15.98</b>	<b>Sign Post</b>
				\$	

4. Entry Information     Add     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 <b>\$</b>
<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. Entry Information     Add     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 <b>\$</b>
<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
				\$	
				\$	

**\$ 15.98**

(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)

**\$ 2558.15**

- |              |                |                      |                                     |
|--------------|----------------|----------------------|-------------------------------------|
| 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     |                |                      |                                     |

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By *[Signature]*