

Disclosure Report Cover

Amendment

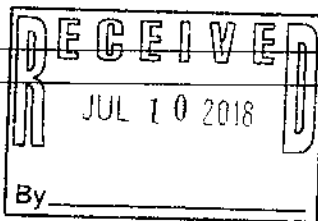
Yes

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 Committee to elect Ronnie Whetsstine	c. ID Number OCBCV7
b. Mailing Address (include City, State and Zip Code) P.O. Box 968 Shelby, NC 28151	d. Date Filed
	e. Phone Number 704 482-7594



2. Report Year 2018	3. Period Start Date (mm/dd/yy) 04/22/2018	4. Period End Date (mm/dd/yy) 06/30/2018	5. Treasurer Full Name Thomas Euell Crawford
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser	9. Type of Report (check only one type of report from one category) <table style="width:100%;"> <tr> <th style="width:33%;">Municipal</th> <th style="width:33%;">State/County</th> <th style="width:33%;">Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input checked="" type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<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	
Municipal	State/County	Referendum																																			
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																			
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<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																			
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																			
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																			
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																				
<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																																				
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	10. Special Report Name 																																				
8. Number of Fundraisers this Report 																																					

11. Account Information		11. Account Information	
a. Financial Institution Full Name Home Trust Bank		a. Financial Institution Full Name	
b. Purpose Campaign Finance	c. Account Code JRW	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 5536.21		d. Period Begin Balance \$

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 07/10/2018
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input 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.

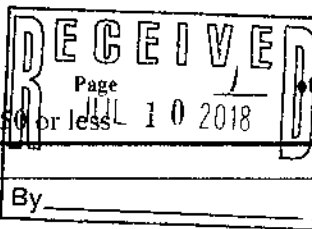
Detailed Summary

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 Whetstine	2 nd Qtr 2018	OCBCV7
Start of Election Cycle: January 1, 2018 By		Total this Reporting Period
4) Cash on Hand at Start		\$ 5536.21
RECEIPTS		Total this Election Cycle
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 25.00	\$ 1349.00
6) Contributions from Individuals (CRO-1210)	\$ 100.00	\$ 5500.00
7) Contributions from Political Party Committees (CRO-1220)	\$	\$
8) Contributions from Other Political Committees (CRO-1230)	\$	\$
9) Loan Proceeds (CRO-1410)	\$	\$ 1000.00
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)	\$	\$
11 e) Exempt Purchase Price Sales (CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 125.00	\$ 7849.00
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 2757.02	\$ 4944.81
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)	\$ 2757.02	\$ 4944.81
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 2904.19	\$ 2904.19
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ 1000.00	
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)	\$	\$

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 Whetstine	2. ID Number OCBCV7
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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	<input type="checkbox"/> Remove	JRW	Check		04/14/2018	\$ 25.00
<input type="checkbox"/> Add						\$
<input type="checkbox"/> Add	<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add		\$				
<input type="checkbox"/> Add	<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add		\$				
<input type="checkbox"/> Add	<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add		\$				
<input type="checkbox"/> Add	<input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Add	<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add		\$				
<input type="checkbox"/> Add	<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add		\$				
<input type="checkbox"/> Add	<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add		\$				

4. Total only this Page	\$ 25.00
5. Total of ALL CRO-1205 Pages	\$ 25.00

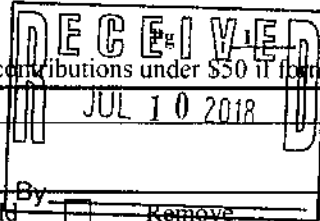
(This line must be on line 5 of Detailed Summary Page CRO-1100)

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



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1. Committee Full Name (and Fund if applicable) Committee to elect Ronnie Whetstine	2. ID Number OCBBC7
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3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Ruth Barnett Wilson 1001 Phifer Rd Apt 104 Kings Mountain 28086	b. Job Title/Profession House Wife	d. Comments
	c. Employer's Name/Specific Field	
		e. Election Sum to Date \$ 100

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		04/23/2018	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add 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"/>					\$

3. Contributor Information Add 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	\$	100.00
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>	\$	100.00

Disbursements

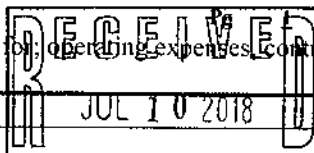
Amendment

of 2

Yes

No

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) Committee to elect Ronnie Whetstine	2. ID Number OCBCV7
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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. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Thread the World Custom Sewing & Embroidery 711 Groves Street Kings Mountain, NC 28086 704 484-0901	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 \$ 53.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JRW	Check	O	05/14/2018	\$53.00	Embroidery of campaign shirts
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Abuse Prevention Council P.O. Box 2589 Shelby, NC 28151 704 487-9314	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 \$ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JRW	Check	O	06/11/2018	\$500	Sponsorship of table
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Spake Concrete Products 1110 N Post Road Shelby, NC 28150 704 480-6633	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 \$ 296.77

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JRW	Check	O	06/12/2018/	\$296.77	Wire for Campaign signs
				\$	

5. Total only this Page \$ 849.77

6. Total of ALL CRO-1310 Pages \$

(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	Q* - Donation to Legal Expense Fund
O* - Other			

* Codes require detailed explanation in required remarks field (k)

Disbursements

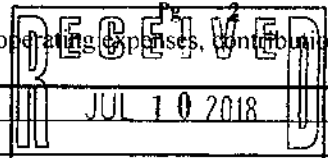
Amendment

of 2

Yes

No

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
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 <i>(include city, state, & zip)</i>			b. Coordinated Committee Name		d. Comments
Westmoreland Printers P.O. Box 968 Shelby, NC 28151 704 482-9100					
			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:		
					\$ 2115.41
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
JRW	Check	B	06/20/2018	\$1907.25	Business Cards Palm Cards
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>			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 <i>(include city, state, & zip)</i>			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					\$ 1907.25
6. Total of ALL CRO-1310 Pages <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>					\$ 2757.02
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>					
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					
* Codes require detailed explanation in required remarks field (k)					