

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

a. Full Name John Bryce for F-V Mayer		c. ID Number	
b. Mailing Address (include City, State and Zip Code) 333 S. Main St Fuquay-Varina, NC 27526		d. Date Filed JAN 25 2012 1-23-12	
		e. Phone Number 919-552-3782	

2011	10-5-11	JAN. 23, 2012	Joseph S. Ashworth
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<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 <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:	Municipal <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	State/County <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 type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
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Account Information a. Financial Institution Full Name Fidelity Bank		Account Information a. Financial Institution Full Name	
b. Purpose	c. Account Code	b. Purpose	c. Account Code
d. Period Begin Balance		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.

Joe Ashworth [Signature] 1-23-12
 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	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$	\$
6) Contributions from Individuals (CRO-1210)		\$ 4,343.53	\$ 4,343.53
7) Contributions from Political Party Committees (CRO-1220)		\$ 2,000.00	\$ 2,000.00
8) Contributions from Other Political Committees (CRO-1230)		\$	\$
9) Loan Proceeds (CRO-1410)		\$	\$
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0	\$ 0
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)		\$	\$
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 5,187.67	\$ 5,187.67
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)		\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$	\$
ADDITIONAL INFORMATION			
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)		\$	\$

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

Contributor Information						Election Sum to Date			
a. Full Name, Mailing Address & Phone (include city, state, & zip) John Burne for F.V. Mayor RANDY + FRANCES WELLS 4701 TEE BOX CT. FUGUAY-VARINA, N.C. 27526						b. Job Title/Profession PAOL. N.C. STATE ASST. ADMIN. MANAGER		d. Comments	
c. Employer's Name/Specific Field						e. Election Sum to Date \$ 50.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount				
<input type="checkbox"/>		CHECK		10/29/2011	\$ 50.00				
<input type="checkbox"/>					\$				
<input type="checkbox"/>					\$				
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN SCANLON 617 MOON SHADOW CT. FUGUAY-VARINA, N.C. 27526						b. Job Title/Profession IBM		d. Comments	
c. Employer's Name/Specific Field						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"/>		CHECK		10/29/2011	\$ 100.80				
<input type="checkbox"/>					\$				
<input type="checkbox"/>					\$				
a. Full Name, Mailing Address & Phone (include city, state, & zip) KAREN + PAUL KATSIRKAS 4745 LINARIA LANE FUGUAY-VARINA, N.C. 27526						b. Job Title/Profession GENERAL MANAGER		d. Comments	
c. Employer's Name/Specific Field VERITEL, INC.						e. Election Sum to Date \$ 193.53			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount				
<input type="checkbox"/>		CHECK		10/29/2011	\$ 75.00				
<input type="checkbox"/>			FOOD	10/29/2011	\$ 118.53				
<input type="checkbox"/>					\$				
Total on this Page						\$ 343.53			
Total on this Page						\$			

Contributions from Individuals

Pg ____ of ____

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) JOHN BYRNE FOR F.V. MAYOR						2. ID Number
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) 233-2033 NC Home Builders Political Committee 5580 CENTERVIEW DR. Suite 115 Raleigh, N.C. 27606			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		10/12/2011	\$ 2,000.00	
<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) 552-3781 JOHN BYRNE 333 SOUTH MAIN ST FIGUWAY, VA. RINA, N.C. 27526			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field		e. Election Sum to Date \$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		Check		10/06/2011	\$ 2,000.00	
<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					\$ 4,000.00	
5. Total of ALL CRO 1210 Pages <small>(This line must be on the 6 of Detailed Summary Page CRO 1100)</small>					\$	

Disbursements

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

Committee Full Name (and fund applicable)						ID Number
John Byrne for F.V. Mayor						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
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	
INDEPENDENT Fuquay-Varina, N.C. 27526						
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	
	CHECK		10/25/2011	\$1,102.20	AD (Newspaper)	
				\$		
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	
LINDA DICKEP 705 Sequoia Ridge Dr. Fuquay-Varina, N.C. 27526						
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	
	CHECK		10/26/2011	\$ 715.00	AD Design	
				\$		
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	
				\$		
				\$		
						\$
(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)						\$
Purpose Code (use 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						
(Use more detailed explanation in required remarks field (k))						

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																																																																																																																																																																																																																																																									
JOHN BYRNE FOR F.V. MAJOR																																																																																																																																																																																																																																																															
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Date (mm/dd/yyyy)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">CREDIT CARD</td> <td colspan="2"></td> <td colspan="2">10/10/2011</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">j. Amount</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">\$ 289.85</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">k. Required Remarks</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">STICKERS</td> </tr> <tr> <td colspan="8">4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove</td> </tr> <tr> <td colspan="4">a. Full Name, Mailing Address & Phone (include city, state, & zip)</td> <td colspan="2">b. Coordinated Committee Name</td> <td colspan="2">d. Comments</td> </tr> <tr> <td colspan="4">ZEBRA Print Solutions 9401 GLOBE CENTER DR. SUITE 130 MORRISVILLE, N.C. 27560</td> <td colspan="2">314-3700</td> <td colspan="2"></td> </tr> <tr> <td colspan="4">c. Level Registered (Specify)</td> <td colspan="2">e. Election Sum to Date</td> <td colspan="2"></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: </td> <td colspan="2"></td> <td colspan="2">\$</td> </tr> <tr> <td colspan="2">f. Account Code</td> <td colspan="2">g. Form of Payment</td> <td colspan="2">h. Purpose Code</td> <td colspan="2">i. Date (mm/dd/yyyy)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">CHECK</td> <td colspan="2"></td> <td colspan="2">10/06/2011</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">j. 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Purpose Codes (List detailed expenditure codes in (h) above)</td> </tr> <tr> <td colspan="2">A* - Media</td> <td colspan="2">B* - Printing</td> <td colspan="2">C* - Fundraising</td> <td colspan="2">D - To Another Candidate</td> </tr> <tr> <td colspan="2">E - Salaries</td> <td colspan="2">F* - Equipment</td> <td colspan="2">G - Political Party</td> <td colspan="2">H* - Holding Public Office Expenses</td> </tr> <tr> <td colspan="2">I - Postage</td> <td colspan="2">J - Penalties</td> <td colspan="2">K* - Office Expenses</td> <td colspan="2">Q* - Donation to Legal Expense Fund</td> </tr> <tr> <td colspan="2">O* Other</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="8">* Codes require detailed explanation in required remarks field (k)</td> </tr> </table>								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		Printing SERVICES CA.								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)				CREDIT CARD				10/10/2011								j. Amount								\$ 289.85								k. Required Remarks								STICKERS		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		ZEBRA Print Solutions 9401 GLOBE CENTER DR. SUITE 130 MORRISVILLE, N.C. 27560				314-3700				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)				CHECK				10/06/2011								j. Amount								\$ 1,278.52								k. Required Remarks								POSTCARDS		5. Total only this Page						\$		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 codes 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)							
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E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses																																																																																																																																																																																																																																																									
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