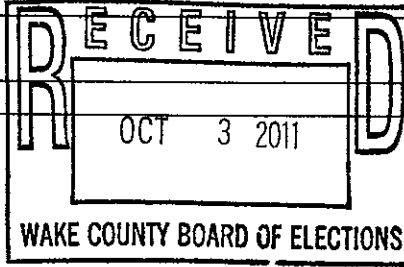


Disclosure Report Cover

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 Scott Lassiter	c. ID Number
b. Mailing Address (include City, State and Zip Code) 1504 Laura Duncan Road Apex, NC 27502	d. Date Filed 10/3/11
	e. Phone Number 919 749 4259



2. Report Year 2011	3. Period Start Date (mm/dd/yy) 6/1/11	4. Period End Date (mm/dd/yy) 9/30/11	5. Treasurer Full Name Scott R. Lassiter
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input checked="" type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
8. Number of Fundraisers this Report		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
1			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name First Citizens Bank		a. Financial Institution Full Name	
b. Purpose Campaign Ops	c. Account Code 1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 64		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.

Scott R. Lassiter Printed Name of Signer
[Signature] Signature of Appointed Treasurer
 10/3/11 Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail
 Registered Mail
 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 Scott Lawson		35 Day			
Start of Election Cycle: January 1, 2011		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$		\$	
5) Aggregated Contributions from Individuals (CRO-1205)		\$ NA		\$ NA	
6) Contributions from Individuals (CRO-1210)		\$ 1390		\$ 1390	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 100		\$ 100	
9) Loan Proceeds (CRO-1410)		\$ 4000		\$ 4000	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 0		\$ 0	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0		\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$ 0		\$ 0	
11c) Outside Sources of Income (CRO-1250)		\$ 0		\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0		\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0		\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 5390		\$ 5390	
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 5359		\$ 5359	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0		\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0		\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0		\$ 0	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0		\$ 0	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 5359		\$ 5359	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 95		\$ 95	
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0		\$ 0	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ NA 0		\$ 0	
22) Debts and Obligations owed By the Committee (CRO-1610)		\$ NA 0		\$ 0	
23) Debts and Obligations owed To the Committee (CRO-1620)		\$ 0		\$ 0	
24) Account Transfers Within the Committee (CRO-1720)		\$ 0		\$ 0	
25) Administrative Support (CRO-1710)		\$ 0		\$ 0	
26) Forgiven Loans (CRO-1440)		\$ 0		\$ 0	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$ 0		\$ 0	
28) Contributions to be Refunded (CRO-1215)		\$ 0		\$ 0	

Contributions from Individuals

Pg 3 of 3

SPR 11

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 (or Individual Name, if applicable)		2. ID Number			
Committee to Elect Scott Lassiter					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
L. Wayne Poole 4800 Auburn Knightdale Road Raleigh, NC 27610 919-274-2850		Owner			
		c. Employer's Name/Specific Field Design Dementions- Graphic Des			
				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"/>	1	check		8/18/11	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Paul Stam PO Box 1600 Apex, NC 27502 919-362-4835		Attorney			
		c. Employer's Name/Specific Field Stam Fordham and Danchi			
				e. Election Sum to Date \$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		8/23/11	\$ 150
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Paul Metivier 121 Queensferry Road Cary, NC 27511 919-460-6115		Computer Eng.			
		c. Employer's Name/Specific Field Siemens			
				e. Election Sum to Date \$ 150	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		8/21/11	\$ 150
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 400
5. Total for ALL CRO 1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

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 Scott Lassiter							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JS Hight 2368 NC HWY 42S Asheboro, NC 27205 336-850-1111				Retired			
				c. Employer's Name/Specific Field Energizer Battery			
				e. Election Sum to Date			
				\$ 25			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	check		8/20/11		\$ 25	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Michael Bryan 8505 Wanstraw Way Apex, NC 27539 919-772-3900				Retired			
				c. Employer's Name/Specific Field Bell South			
				e. Election Sum to Date			
				\$ 30			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>	1	check		8/16/11		\$ 30	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
William Younger 106 Ridgeway Drive Wilmington, NC 28409 910-791-2600				Retired			
				c. Employer's Name/Specific Field Southern Bell			
				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"/>	1	check		8/18/11		\$ 100	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 155	
5. Total of ALL CRO-1210 Pages						\$	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1210)</i>							

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 Scott Lassiter							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Dr. Geraldine Bills 101 Wybel Lane Cary, NC 27513 919-319-1071			b. Job Title/Profession Dentist c. Employer's Name/Specific Field Geraldine Bills, DDS		d. Comments 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"/>	1	check		8/19/11	\$	100	
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) David Almond 138 Danielle Dr Stanfield, NC 28163 704-578-4736			b. Job Title/Profession Salesman c. Employer's Name/Specific Field New York Life		d. Comments 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"/>		check		8/1/11	\$	100	
<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 c. Employer's Name/Specific Field		d. Comments 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						\$	200
5. Total of ALL CRO 1210 Pages						\$	
(This line must be on the 6 of Detailed Summary Page CRO-1100)							

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 Roll Name (and Fund if applicable)				2. ID Number	
Committee to Elect Scott Lassiter					
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Dr. Arthur Zacco 1147 Green Level Road Apex, NC 27523 919 362 5826			Physician		
			c. Employer's Name/Specific Field		
			Zacco Family Medicine	e. Election Sum to Date	
				\$ 50	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		8/28/11	\$ 50
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Dr. Andrew Taylor 200 Asbill Ct. Cary, NC 27518 919 267 4845			Professor- Political Science		
			c. Employer's Name/Specific Field		
			North Carolina State Univ.	e. Election Sum to Date	
				\$ 25	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	1	check		8/31/11	\$ 25
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Col. John Saputo 7051 Wireless Ct. Sarasota, FL 34240 941 355 7685			Owner		
			c. Employer's Name/Specific Field		
			Gold Coast Eagle Distributing	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"/>	1	money ord.		8/31/11	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 175	
5. Total to ALL CRO-1210 Pages				\$	
(This line must be on the own Detailed Summary Page CRO-1100)					