Amendment	4
☐ 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								
Bob White A b. Mailing Address (include City, Stat	ICFM 54							
b. Mailing Address (include City, Stat	d. Date Filed							
1159 Ausin Corolla, W	7/12/16							
· Corolla W	e. Phone Number							
				1- 0	252453-3040			
2. Report Year 3. Period Start	Date (mm/dd/	yy) 4. Period I	End Date	e (mm/dd/yy) 5. Treasu	rer Full Name			
2016 19/1/11	0	61	30/1	6 Rober	+ M. White III			
6. Type of Committee (Check (The state of the s				port from one category)			
Candidate Campaign Part	· .	Municipal		State/County	Referendum			
	erendum	Organizationa	- 1	Organizational	☐ Organizational			
Independent Expenditure I Join	t Fundraiser	Thirty-five da	ıy	Quarterly	Pre-referendum			
Legal Expense Fund	1	Pre-primary	1	First	Final			
		Pre-election		Second	Supplemental Final			
7. Type of Fund (if applicable,	check one)	Pre-runoff	- 1	☐ Third	Annual			
Booster Fund		Semi-annual	- 1	Fourth	☐ Special			
Building Fund		Mid Yea		Semi-annual				
C Out-		Year End	d	Mid Year	10. Special Report Name			
Other:	D	Final		Year End				
8. Number of Fundraisers this	Report	Special		Final				
				L Special				
11. Account Information			11. Acc	ount Information				
a. Financial Institution Full Name			a. Financi	ial Institution Full Name				
Towne Bank								
b. Purpose	c. Account Cod	e	b. Purpos	ie	c. Account Code			
	d. Period Begin				d. Period Begin Balance			
Checkma	\$ 534.	ハろ			\$			
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. Roberty White The American Statutes and the Committee of Chapter 163 of the NC State Board of Elections.								
Printed Name of Signo FOR OFFICE USE ONLY	т	V Sign	nature 81-71	ppointed Treasurer	Date			
FOR OFFICE USE ONLY	الما			D. O. Passon -				
Date Received: Employee: Call Control Delivery Method Normal Mail								
Date Postmarked: Employee: Registered Mail Hand Delivered								
Date Scanned: Employee: Employee:								
Date Data Entered: Employee: 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-F) 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 Total this Total this Start of Election Cycle: January 1, Reporting Period **Election Cycle** 4) Cash on Hand at Start 255.75 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ \$ 6) Contributions from Individuals (CRO-1210) \$ 1750 \$ 7) Contributions from Political Party Committees \$ (CRO-1220) 8) Contributions from Other Political Committees (CRO-1230) \$ \$ \$ 9) Loan Proceeds (CRO-1410) \$ 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) 1750 \$ EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 3015.31 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ 13c) Coordinated Party Expenditures (CRO-1310) \$ (CRO-1315) \$ 14) Aggregated Non-Media Expenditures \$ (CRO-1420) \$ 15) Loan Repayments 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) \$559.07 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) (CRO-1710) \$ \$ 25) Administrative Support \$ (CRO-1440) \$ 26) Forgiven Loans 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 1000 1000 28) Contributions to be Refunded (CRO-1215)

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Amendment

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D' 1	4						Amendment
Disbursem			C		Pg of		Yes No
	report expenditures for		ee for o	perating exp	enses, contributi	ons to ca	indidate/political
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3. Type of Disb	ursement (Please	use separate CR	0-1310	forms for e	ach type of Disb	ursemen	<u>ıt.)</u>
Operating Expe		ributions to Candida	tes/Politi			rdinated Pa	arty Expenditures
4. Payee Inforn					Remove	la c	
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3015.31 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 code in (h.) above)

C* - Fundraising D - To Another Candidate A* - Media B* - Printing

F* - Equipment G - Political Party H* - Holding Public Office Expenses E - Salaries K* - Office Expenses Q* - Donation to Legal Expense Fund J - Penalties I - Postage O* Other

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

	ions Owed By the Con			_	of _	Amendment Yes No		
	inpaid debts or obligations owed	by the	committee, to	incl	ude cam			
1. Committee Full Name (a	ind Fund if applicable)					2. ID Number		
Bub White	Les Curritusk					ICFM 54		
3. Creditor Information	L	Add	☐ Remov	e				
a. Full Name, Mailing Address &	Phone	Note: All payments made toward debts should be listed on form CRO-						
(include city, state, & zip)		1310 with the payee listed as this creditor.						
B. W. J. Au.	cica C.C.		cription of Cred		1			
vany or the	rica -	100	redit Co		2(
POBOX 962235			00(11					
Bank of Ama Pobox 962235 El Paso, TX 79	998 -27-35		The Property of the Polymer					
c. Beginning Balance	d. Total Amount Paid	e. Tota	al Amount Incu	rred		f. Remaining Balance		
\$ 559.07	s Ø	\$	\$ 559.07			\$ 559.07		
g. Incurred Debts (what the com	mittee received this period)							
g1. Purchase Place Full Name, M	ailing Address & Phone	g2. Da	te (mm/dd/yyyy)	g3. Amou	nt		
(include city, state, & zip)		_			\$			
		g4. Pu	rpose Code	g5.	Required I	Remarks		
				Ť				
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(This should be the sum of a						337,		
5. Total of ALL CRO- (This line must be on line 22)	-1610 Pages 2 of Detailed Summary Page CR	O-1100)		\$	559.07		
6. Pupose Codes (List	detailed expenditure code	e in (g	4.)					
A* - Media B*	- Printing C* - I	Fundra	ising			her Candidate		
E - Salaries F*	- Equipment G - Po	olitical		H* - Holding Public Office Expenses				
			Expenses	0*	- Other			
* Codes require detailed evr	planation in required remarks fiel	d (95)						