

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

RECEIVED

DEC 18 2019

Wake County Board of Elections

1. Committee Information	
a. Full Name Langley Re-Election Committee	c. ID Number
b. Mailing Address (include City, State and Zip Code) P.O. Box 3045 Washington, North Carolina 27889	d. Date Filed 12-17-19
	e. Phone Number 252-623-8584

2. Report Year 2019	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name JERRY E. LANGLEY
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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 checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	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 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		Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
8. Number of Fundraisers this Report		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name Chescom Bank	a. Financial Institution Full Name	b. Purpose CAMPAIGN ACCOUNT	b. Purpose
b. Purpose	c. Account Code	c. Account Code	c. Account Code
	d. Period Begin Balance \$ 100.00		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.

JERRY E. LANGLEY *Jerry E. Langley* **12-17-19**
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: _____	Employee: _____	Delivery Method
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail
Date Data Entered: _____	Employee: _____	<input type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> 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

Use this form to summarize all disclosure reporting forms and to total monetary information

Beaufort County Board of Elections

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Langley Re-Election Committee					
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)		\$ 274.00	\$		
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)		\$ 274.00	\$		
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 174.00	\$		
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)		\$ 174.00	\$		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 100.00	\$		
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

Pg ____ of ____

Amendment

Yes No

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Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

Beaufort County Board of Elections

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Langley Re-Election Comm. H ₂ O							
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	
Dorothy E Langley R.O. Box 3045 Wash. NE 27889				Retired Pub. off			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 274.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>		check		12-9-19	\$ 174.00		
<input type="checkbox"/>		check		12-17-19	\$ 100.00		
<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"/>					\$		
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						\$ 274.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 274.00	

Disbursements

Pg ____ of ____

Amendment

Yes No

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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	
Langley Re-Election Comm. H2E						Beaufort County Board of Elections	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<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 (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Beaufort County Board of Elections 1308 Highland Drive Washington NC 27889							
				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:		\$174.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
	check		12-9-19	\$174.00	Filing Fee		
				\$			
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	
				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 (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		
				\$			
				\$			
5. Total only this Page						\$174.00	
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)							