Disclosure Re	eport (Cover					Yes	No
			informa	tion, must be	signed and su	ibmitted along with o	ther detailed forms.	
Do not use this form		te information						
1. Committee Info	rmation							
a. Full Name	de la Cart						c. ID Number	
		LEMMONS VILLA	AGE CO	UNCIL			1CQK1A	
b. Mailing Address (inc							d. Date Filed	al .
3467 TANGLEBR		AIL						
CLEMMONS NC	2/012						e. Phone Number	
}								
							336-813-1845	
2. Report Year	3. Peri	od Start Date (mm/	dd/yy)	4. Period (mm/dd/yy)	End Date	5. Treasurer Ful	l Name	
2017		01/01/2017		12/3	1/2017	LANNY L FARM	MER	
6. Type of Commit	tee (Che	ck One)	9. Ty	pe of Report	(check o	only one type of repor	rt from one category)	
Candidate Camp	naign [Party	Munic	ipal		County	Referendum	
PAC		Referendum		Organizational		Organizational	Organizational	
Independent Expenditure Legal Expense F	Fund	Joint Fundraiser		Thirty-five day	,	Quarterly	Pre-referendum	
7. Type of Fund		icable, check one)		Pre-primary		First	Final	
Booster Fund"			1 🗇	Pre-election		Second	Supplemental Final	
Building Fund				Pre-runoff		Third	Annual	
			_	Semi-annual		Fourth	Special	
				Mid Year		Semi-annual		
Other:				Year End		Mid Year	10. Special Report Name	
	ulo excens			Final		Year End		
8. Number of Fund	Iraisers t	his Report		Special		Final		
			1			Special		
11. Account Inform						Information		
a. Financial Institution					a. Financial In	stitution Full Name		
ALLEGACY FEDI b. Purpose		c. Account Code			b. Purpose		c. Account Code	-
CAMPAIGN		. Account Coue			is rui pose		c. Account Code	
FINANCEW		19	67					
		d. Period Begin Balanc	e				d. Period Begin Balance	
		\$ 94.46					S	
CERTIFICATION	I							
		or Fund is in compl	iance w	ith all applica	ble provisions	s of Article 22A, 22B	s, & 22D-22M of Chapter 163	of
							s. I further certify that this repo	
is complete, true and			n traine	by the NC/S	State Board of	Elections.		
LANNY L	FARME	R		7	mille	und.	01/04/2018	_
		Name of Signer		199	gnature of Appoi	nted Treasurer	Date	
FOR OFFICE USE O	ONLY				4		Dalivary Mathad	
Date Received:				Employee:			Delivery Method Normal Mail	
Date Postmarke	vd·			Employee:			Registered Mail	
Date Positialke	AL.			Employee:		Control of the section of the sectio	Hand Delivered	
Date Scanned:				Employee:			Electronically Filed	d
	•						Signer has not receive mandatory training	u
Date Data Enter	red:			Employee:				

Amendment

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.

CRO-1000

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	2. Type of		. ID Number	
Lanny Farmer for Clemmons Village Council		1CQK1A		
Start of Election Cycle: January 1, 2017	_	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$	\$ 94.46	
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$	\$ 2865.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 751.09	
9) Loan Proceeds	(CRO-1410)	\$	s	
(0) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
1) 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)	\$	\$ 3,616.09	
EXPENDITURES				
(3) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$	\$ 3508.92	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
(4) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
(5) Loan Repayments	(CRO-1420)	\$	\$	
(6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	
(7) In-Kind Contributions	(CRO-1510)	\$	\$	
(8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$	\$ 3508.92	
(9) Cash on Hand at End (Add lines 4 and 12 together, then su		\$	\$ 201.63	
ADDITIONAL INFORMATION				
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	No. of the least o	
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)	\$	2 Sept. 180	
(4) 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)	\$	\$ 201.63	

Disbursements	Pg	1	of	8	Amendment Yes	
Use this form to report expenditures from the committee for operating expenditures and coordinated party expenditures	xpense	s, contr	ibutio	ons to c	candidate/pol	itical

	full Name (and Fun						2. ID Number			
-	Farmer for Clemi				A315	the CDI-I	1CQK1A			
3. Type of Disb Operating Expe		use separate Cl								
4. Payee Inform	NAME AND ADDRESS OF TAXABLE PARTY.	Aributions to Candid	-	Add [-	Remove	ordinated Party Expenditures			
	failing Address & Ph	one				Committee Name	e d. Comments			
(include city, state,		one		II. C00343	1334 es	Commune vans	e di Commens			
	ELECTIONS			-		ered (Specify)				
WINSTON S	SALEM NC 27103			Federa	al	County:		\dashv		
l				State		Municipa Municipa	ality: e. Election Sum to Date	-		
							\$ 5.00			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (nm/dd/yyyy	v) j.	Amount	k. Required Remarks	\neg		
1967	CASH	0		/17	\$		FILING FEE			
1307	CASIT	-	177.	/1/	+	0.00	FILING FEE	\dashv		
		<u> </u>			\$					
4. Payee Inform	HA HER LITTLE CONTROL OF THE PARTY OF THE PA					Remove				
Contract of the second	ing Address & Phone			b. Coordin	ated	Committee Name	d. Comments			
(include city, stat	.e, & zip)			-						
VAN'S AD	VERTISING			a Level Re	niste	end (Specify)				
3290 VAN DR										
	TON NC 27215			State		Municipal	ality: e. Election Sum to Date			
				_						
							\$ 312.25			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j.	Amount	k. Required Remarks			
1967	VISA	0	10	/6/17	\$	59.25	SIGN STAKES			
1967	VISA	В	10	0/31/17	\$	253.00				
4. Payee Inform	nation			Add	R	Remove				
	ing Address & Phone			b. Coordin	ated	Committee Name	d. Comments			
(include city, stat										
				<u> </u>				-		
TRUTH FINE	DERS			- manager		red (Specify)				
2234 STATE				☐ Federa	d	County:		_		
SAN DIEGO	CA 92101			State		X Municipal	lity: e. Election Sum to Date	-		
			Į.				\$ 55.56			
f. Account Code	g. Form of Payment	h. Purpose Code	li. Date (nm/dd/yyyy) j.	Amount	k. Required Remarks			
1967	PAY PAL	0		8/17		27.78	RESEARCH			
1967	PAY PAL	0	+	17/17	\$		RESEARCH	\dashv		
5. Total only thi	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO			17717	1-		\$ 372.81	-		
	CRO-1310 Pages				all o		φ J/2.01	\dashv		
CANADA SERVICE SERVICE SERVICE SERVICES	THE PARTY OF THE P	Page CRO. II	100 if One	-tina Evna	mae)		2 7 1 2 5 5			
	line 13a of Detailed Sum line 13b of Detailed Sum						\$ 3,710.55			
A transfer of the contract of	line 13c of Detailed Sum						,			
CONTRACT OF STREET	odes (List detailed		THE OWNER OF THE OWNER,							
A* - Media	B* - Printin		A CONTRACTOR OF THE PARTY OF TH	undraisin	σ	D. To	Another Candidate			
E - Salaries	F* - Equip			litical Part	-		olding Public Office Expense	s		
I - Postage	J - Penaltie			ffice Expe			onation to Legal Expense Fur			
O* Other			7.00							
+ 0 1	a detailed evalenati	on in manufact t	nomonle.	field (b)				45.00		

Disbursem	ients				Pg	_2of	£	Amendment Yes	□ No
Use this form to	report expenditures	from the commit	tee for c	perating exp					
committees and	l coordinated party ex	xpenditures		· ·					
l.Commuee r	Full Name (and Fund	d if applicable)		<u> </u>		2.75		2. ID Number	en jan
	armer for Clemmor			- '- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	- Z	· chi.		1CQK1A	,
3. Type of Disb Operating Exp	bursement (Please	<i>e use separate CR</i> ntributions to Candida							
4 Pavee Infort	mation Con	ARDIHORS & CHICAGO	(les) roma.	CAL CORMINIONS	$\mathbf{Q}_{\mathbf{e}_{\mathbf{I}}}$	move		ed Party Expenditure	8
a. Full Name, M	Mailing Address & Ph	ione	<u>مان بان بان بان بان بان بان بان بان بان ب</u>	h Coordinat	od C	ommittee Name		d. Comments	
(include city, state,	·				F00,	Distriction a vision	_	u. Commen.	
STAPLES 2509 L C RI			- ::	c. Level Regi	stered	d (Specify) County:			
	S NC 27012		State		= -	lity:	e. Election Sum to	Date	
\$ 445.09									
f. Account Code	g. Form of Payment	h. Purpose Code	L Date (mm/dd/yyyy)	j. Ar	mount	k. Re	quired Remarks	e i e e e e e e e e e e e e e e e e e e
1967	VISA	К	10	<i>121</i> 17	\$	43.75	5	SUPPLIES	
1967	VISA	В	1	0.24	\$	401.34		PRINTING	
4. Payee Inform		d		Add 🔲	Ren	nove	·	r , sig	
	ling Address & Phone			b. Coordinate	ed Co	omnittee Name		d. Comments	3.2
(include city, stat	te, & zip)		~	,		_	.		
CARTRID	GE SUPERSTOR	E	I	c. Level Regis	Hores	3 (Cnorife)	\dashv		
466 KNOL		_	I	Federal	Mt.,	County:	-		ŀ
	N SALEM NC 2710	ງვ	I	State		= ′	lity:	e. Election Sum to l	Date *
								^{\$} 74.62	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Ar	nount	k. Re	quired Remarks	, m
1967	VISA	K		10/5/17	\$	74.62		PRINTER IN	Κ
			[\$		「 <u> </u>		
4. Payee Inform				Add 🔲	Ren	nove	,	* * * * * * * * * * * * * * * * * * * *	¥°.
	ling Address & Phone			b. Coordinate	ed Co	ommittee Name	d	d. Comments	
(include city, stat	ie, & zip)	· · · · ·		[-	_		_	_
DOLLAD	TOPE		ļ	e Yoyel Regis	eferei	l (Specify)			l
DOLLAR T L C RD	IKEE		ļ	Federal		County:	7		_ [
	NS NC 27012		!	☐ State		Municipal	lity: e	e. Election Sum to l	Date
- 								\$ 13.88	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r		1	nount	k. Rec	quired Remarks	
1967	VISA	0	11/	2/1717	\$	13.88	F	OOD VOLUN	ITEERS
			Γ.		\$			<u> </u>	
5. Total only thi	ds Page	54 T	f . 2. 2 .		^	± c ±		\$ 533.59	
6. Total of ALL	CRO-1310 Pages		.eg	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		759 P. F.			
(This line goes in	line 13a of Detailed Sum	nmary Page CRO-110						\$ 3,710.5	55
(This line goes in	line 13b of Detailed Sum	nmary Page CRO-11	00 if Con	trib to Candida	stes/P	'olitical Comm)) [•	Į.

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

(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)

F* - Equipment

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

B* - Printing

J - Penalties

A* - Media

E - Salaries

I - Postage

O* Other

Disbursen	nents				_	, 3 _{of}	8	Amendment	
	report expenditures	from the commit	tee for c	meratina av	rg none	· — ·		. 16	∐ No
committees and	coordinated party e	xpenditures	iloc Ioi (potating CA	peir	ses, commoun	юць ю	candidatezpoi	incai
1. Committee l	full Name (and Fur	d if applicable)	Transfer	9		y	ં 2	. ID Number	
Lanny Fa	armer for Clemmo	ns Village Cou	ncil					1CQK1A	
3. Type of Dist		e use separate Cl	RO-1310	forms for a	eacl	type of Dist	ursem	ent.)	
Operating Exp		ntributions to Candid	ates/Politi	cal Committee	s	☐ C∞	rdinated	Party Expenditu	
4. Payee Inform		and the second		Add 🔲		move			
	lailing Address & Pl	ione		b. Coordinat	ed C	omnittee Nam	e d.	Comments	
(include city, state	, & zip)	- · · · ·		}					
0150151				c Level Reci	ctore	d (Specify)			
CIRCLE K	L			☐ Federal		County:			
	NS NC 27012			State			ılity: e.	Election Sum to	Date
i olemino	140 140 27012								<u> </u>
		In the 1977 A 1977	II		T-of-	71 ⁶		00,00	
f. Account Code	g. Form of Payment	h. Purpose Code	1			mount		uired Remarks	
1967	VISA	0	10/	12/17	\$	60.00		FUEL	
<u> </u>		<u> </u>	ļ		\$)		
	nation .		, x& 🔲	Add 🔲	Re	move 💮 🏌	\$6 7# s	· Property Commercial	was y
	ing Address & Phone	₹	£,	b. Coordinat	ed C	ommittee Name	đ.	Comments	1,81
(include city, sta-	te, & zip)			•			- 1		
MEST	TODOUTH LINOLI	0011001		a Land Dani		d (Specify)			
LCRD	FORSYTH HIGH	SCHOOL		Federal	siere	County:	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	MONS NC 27012			☐ State		= -	lity: e.	Election Sum to	Date
OLLIVI	101011021012					<u> </u>	٦,	20.00	
	<u> </u>						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	1		j. A	mount	k. Requ	ired Remarks	General Control
1967	CASH	0	10/	18/17	\$	30.00	RE	EGIS FEE FO	ORUM
					\$				
4. Payee Inform	iation	7- 9 <u>-</u> 9- 9		Add 🔲	Rei	move 🦠	[d] _F [] + [1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ _ * o _ *
	ing Address & Phone	2 1	 			ommittee Name		Comments	
(include city, sta	le, & zip)			<u> </u>	-				
					<u> </u>				
	SIGNS			c. Level Regi	stere				
	S MALL BLVD FON SALEM NC 2	27102		Federal State		County: Municipa	litu:	Election Sum to	Data:
VVIIVO	I ON SALEWING	27 103		Sizic		Ci manapa	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Date
							\$	45.37	
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1967	VISA	F	10	/24/17	\$	45.37	SIG	N STAKES	
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24.5	CRO-1310 Pages				, j	the state of the state of	<u> </u>	135.37	
	line 13a of Detailed Sun	Page CPO 11	00:60						
	line 13b of Detailed Sun	-				Political Comm	, \$	3,710.55	
	line 13c of Detailed Sun	-	-						
	odes (List detailed	at the transfer of the same			g organ Jarah	* 8 8 ± 6	,		
A* - Media	B * - Printi			indraising	924 5.5	D - To A	Anothe	r Candidate	
E - Salaries	F* - Equip	ment	G - Pol	itical Party		Н* - Но	lding	Public Office	
I - Postage	J - Penalti	es	K* - 0	llice Expen	ses	Q* - Do	nation	to Legal Exp	ense Fund
O* Other				e 12 /15	799	manuschina and and a state of the state of t		a to the same of t	
(* Coaes requir CRO-1310	e detailed explanati			Hela (K)		, " K	- <u>5</u> <u></u>		December 2009

Disbursem	ents				Pg	_4_ of	_{	Amendment Yes	□ No
	report expenditures		æ for o	perating exp	ens	es, contributi	ons t	o candidate/politic	al
	coordinated party e		W. S. W. C. B.			11 14271			
1. Committee r	ull Name (and Fur	і пррисавіе)	K) ((A) 1 2	· ·	3 3 3.		2. ID Number	K
	rmer for Clemmo							1CQK1A	
3. Type of Disb		<u>e use separate CR</u>							*
Operating Exp		nuibutions to Candida			_		rdinat	ed Party Expenditures	
4. Payee Inform	"		;	Add 🔲		nove			
2	ailing Address & Pl	hone	i	b. Coordinate	ed Co	omnittee Name	*	d. Comments	•
(include city, state,	& zip)								
CHECKER	D FLAG CAR WA	ASH		c. Level Regi	stere	d (Specify)			
HWY 158	, ,			☐ Federal		County:			
ADVANCE	NC 27006			State		y Municipa	lity:	e. Election Sum to Da	te
ſ								\$ 12.00	ì
		lin ai						12.00	-,
	g. Form of Payment			2000-	_	mount		equired Remarks	
1967	VISA	0	10	<i>[</i> 25/17	\$	12.00		CAR WASH	
			1		\$				
4. Payee Inforn	nation			Add 🔲	Rei	nove	, i	* (*)	A Section Section
	ing Address & Phone	ng militar m		b. Coordinate	ed C	mmittee Name		d. Comments	
(include city, stat	ie, & zip)								
CLEMMON	IS COURIER			- T1 D1	4	1 (C its-)			
BOX 765	. J J J J J J J J J J J J J J J J J J J			c. Level Regis	siere	County:			I
CLEMMON	IS NC 27012			State		Municipa	lity:	e. Election Sum to Da	te"
								<u></u>	
	_							^{\$} 974.25	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. A	mount		· · · · · · · · · · · · · · · · · · ·	, gin in the
1967	CHECK	Α	10	/26/17	\$	649.50	١	IEWSPAPER AI	DS
1967	CHECK	Α	1	1/13/17	\$	324.75		NEWSPAPER A	DS SQL
4. Payee Inform	ation	· · · · · · · · · · · · · · · · · · ·		Add 🗀	Rei	nove			
9 6	ing Address & Phone	·		b. Coordinate	ed C	mmittee Name	r	d. Comments	
(include city, stat	te, & zip)						į.		
				of and Bask	-i -i	1 (C28_A)			
OFFICE DI		30		c. Level Regis	sterre	County:			
ANINSTON	SALEM NC 271	Jo		State		Municipa	lity:	e. Election Sum to Da	de "
								•	
·								\$ 13.43	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	um/dd/yyyy)	-	nount	k. Re	equired Remarks	
19 6 7	VISA	K	10/3	0/17	\$	13.43		SUPPLIES	
					\$				_
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	CRO-1310 Pages	and a second of the second of		F. W.	· · ·	*			
AND THE PERSON NAMED IN COLUMN	line 13a of Detailed Su	man Page CPO 11	nn is one	ating Process		C. Starte Startes and Co.	***************************************	. 0.740.55	_
	line 13b of Detailed Su					Political Comm	,	\$ 3,710.55	,
_	line 13c of Detailed Su								l
	odes (List detaile					,			
A* - Media	B* - Print			undraising				her Candidate	- "
E - Salaries	F* - Equip	iment	G - Pol	itical Party				g Public Office E	
l - Postage	J - Penalt	ties	K* - O	ffice Expen	ses	Q* - Do	onati	on to Legal Expe	nse Fund
O* Other	making a samual	 	· ····································	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			- Andrews	the control to the second of t	2000 CO 100 CO
* Codes requir	e detailed explana			field (k)		3 4 7			cember 2009

Disbursem						_5_ of		Amendment 8
	report expenditures		tee for o	perating exp	penses	s, contributi	ons 1	o candidate/political
	coordinated party ex							
1. Committee F	ull Name (and Fund	d if applicable)			, E	. 9 14.	9 5	2. ID Number
	armer for Clemmor							1CQK1A
3. Type of Disb		<u>use separate CR</u>	<u>:O-1310</u>	forms for e	each t	ype of Disb	urse	ment.)
Operating Exp		tributions to Candida	nes/Politic	cal Committees	s	Coo	rdinat	ed Party Expenditures
4. Payee Inforn		· · · ·		Add 🔲	Rem	ove		
a. Full Name, M	lailing Address & Pho	onė		b. Coordinat	ted Con	unittee Name	1	d. Comments
(include city, state,	, & zip)		:			<u> </u>		
ALPHA ON 2513 NEUI	IEGA PRINTING DORF RD			c. Level Regi		(Specify) County:	اربود مد	u.
CLEMMON	NS NC 27012			☐ State	ļ	Municipal	lity:	e. Election Sum to Date
							_	\$ 464.36
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Am	ount	Ł R	equired Remarks
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					\$			
4. Payee Inforn	nation	, was 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 2	Add. 🔲	Rem	ove	Mar.	
a. Full Name, Maili	ing Address & Phone			b. Coordinat	ed Con	nmittee Name		d. Comments
(include city, stat	e, & zip)			} 				
WAL MART	Γ			c. Level Regis	stered	(Specify)		
	MONS RD			☐ Federal		County:		
CLEMMON	IS NC 27012			State	Ī	Municipal	lity:	e. Election Sum to Date
						·		\$ 84.53
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	mm/dd/yyyy)	j. Am	ount	Ł Re	quired Remarks
1967	VISA	0	1	/3/17	1	3.89		OOD VOLUNTEERS
1967	VISA	0	11	/4/17	\$ 60).64		FOOD VOLUNTEERS
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er to the December 2009

Disbursements Use this form to report expenditures from the committee for operating e committees and coordinated party expenditures	_				Amendment Yes candidate/pol	□ No	мана умеренда мед мартиму меренда медента
1. Committee Full Name (and Fund if applicable)	119 21	· Nigasi	8 mg 20	12.	ID Number	6 Blocker	7 D. ^

1. Committee l	Full Name (and Fun	d if applicable)	and the second		- 151 (m. 2011)	e ne negaci a na Laboration de la composición	2.	ID Number
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Operating Exp		ntributions to Candid						Party Expenditures
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					Amendmen	A	
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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

	Full Name (and Fun						2. ID Number	
Lanny F	armer for Clemmo	ns Village Cou	ıncil				1CQK1A	
3. Type of Dist	oursement (Please	e use separate C	RO-131	forms for o	each typ	e of Dist	oursement.)	
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LANNY	FARMER FOR (CLEMMONS VILLA	GE CO	UNCIL			1CQK1A	
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(include	city, state, & zip)			RETIRED CEO				
DON MO	CCROSKEY							
TOWN DESIGNATION OF THE PARTY OF	DARFIELD PL			c. Employer's Name/	Specific Field			
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(include	city, state, & zip)			ATTORNEY				
JAMES (GREGORY MAT	THEWS						
115 AVI				c. Employer's Name/				
ADVAN	CE NC 27006			SELF EMPLOYI	ED			
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	1967	CHECK			9/30/20	017	\$	500.00
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(This line must be on line 6 of Detailed Summary Page CRO-1100)

2865.00

Contributions from Individuals

				Line	STREET BILL		
g	2	of	6_		Yes	\boxtimes	No

Amendment

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 LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL 1CQK1A 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) US ARMY RETIRED LTC HARRY B HOWELL 105 MCKNIGHTS TRACE c. Employer's Name/Specific Field **CLEMMONS NC 27012** e. Election Sum to Date 500.00 j. Date (mm/dd/yyyy) f. Prior i. In-Kind Description k. Amount g. Account Code h. Form of Payment 1967 CHECK 09/29/2017 \$ 500.00 \$ 8 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) RETIRED PHILIP M H AVERETT 211 58TH AVE N c. Employer's Name/Specific Field N MYRTLE BEACH SC 29582 DUPONT e. Election Sum to Date 40.00 k. Amount f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) П 1967 CHECK 10/02/2017 \$ 40.00 \$ \$ 3. Contributor Information Add Remove b. Job Title/Profession d. Comments a. Full Name, Mailing Address & Phone SALES MANAGER (include city, state, & zip) DAVID N BOWMAN c. Employer's Name/Specific Field 3821 TANGLE OAK DR AURORA CASKET CO **CLEMMONS NC 27012** e. Election Sum to Date \$ 100.00 i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount f. Prior g. Account Code h. Form of Payment 100.00 **CHECK** 10/01/2017 \$ 1967 \$ \$ \$ 640.00 4. Total only this Page 5. Total of ALL CRO-1210 Pages \$ 2865.00

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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

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April 2007

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## **Contributions from Individuals**

Amendment of 6

Pg 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 LANNY FARMER FOR CLEMMONS VILLAGE COUNCIL **ICQKIA** 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) FIN ANALYSIS BILLY C MOODY RETIRED 258 PINES DRIVE c. Employer's Name/Specific Field HARTSVILLE SC 29550 **RJR** 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 1967 CHECK 10-13-2017 \$ 100.00 \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) MGR **GARY BALDWIN** RETIRED 1218 PEOPLES CREEK RD c. Employer's Name/Specific Field ADVANCE NC 27006 e. Election Sum to Date \$ 200.00 f. Prior h. Form of Payment g. Account Code i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1967 CHECK 10-15-2017 \$ 200.00 \$ \$ 3. Contributor Information Add Remove a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments (include city, state, & zip) SALES JAY A TILLEY 145 OLD SPRING CT c. Employer's Name/Specific Field **CLEMMONS NC 27012** MORTGAGE BROKER 3367668303 e. Election Sum to Date 50.00 \$ f. Prior h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) g. Account Code k. Amount \$ 1967 CHECK 10/23/2017 50.00 \$ \$ 4. Total only this Page \$ 350.00 5. Total of ALL CRO-1210 Pages

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NC State Board of Elections

April 2007

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