

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 KIM RONEY FOR ASHEVILLE		c. ID Number
b. Mailing Address (include City, State and Zip Code) 30 WESTGATE PKWY #149 ASHEVILLE, NC 28806		d. Date Filed 11/06/2017
		e. Phone Number

2. Report Year 2017	3. Period Start Date (mm/dd/yy) 09/26/2017	4. Period End Date (mm/dd/yy) 10/23/2017	5. Treasurer Full Name KIM RONEY
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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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" 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	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		<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	
8. Number of Fundraisers this Report 0		10. Special Report Name	

3. Account Information		3. Account Information	
a. Financial Institution Full Name SELF-HELP CREDIT UNION		a. Financial Institution Full Name PAYPAL	
b. Purpose FOR CAMPAIGN RELATED ACTIVITY	c. Account Code 1	b. Purpose FOR WEBSITE PURPOSES	c. Account Code 2
d. Period Begin Balance \$ 4639.30 -0.00		d. Period Begin Balance \$ 0.00	

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

Kim Roney
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

11/18/19
 Date

FOR OFFICE USE ONLY

Date Received:	NOV 18 2019	Employee	<u>V. Puel</u>	Delivery Method
Date Postmarked:		Employee		<input type="checkbox"/> Normal Mail
Date Scanned:		Employee		<input type="checkbox"/> Registered Mail
Date Data Entered:		Employee		<input checked="" 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

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	
KIM RONEY FOR ASHEVILLE		2017 PRE-ELECTION			
Start of Election Cycle:		January 1,		2017	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 4639.30		\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 275		\$ 9205	
6) Contributions from Individuals (CRO-1210)		\$ 475		\$ 10809.24	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0		\$ 0	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0		\$ 0	
9) Loan Proceeds (CRO-1410)		\$ 0		\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)		\$ 10.87		\$ 10.87	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$.16		\$.48	
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	
11 e) 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)		\$ 761.03		\$ 20025.59	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 206.16		\$ 7807.52	
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)		\$ 299.50		\$ 1171.16	
15) Loan Repayments (CRO-1420)		\$ 0		\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)		\$ 0		\$ 40	
17) In-Kind Contributions (CRO-1510)		\$ 0		\$ 6112.24	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 505.66		\$ 15130.92	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 4894.70		\$ 4894.70	
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)		\$		\$	

4894.67

Contributions from Individuals

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

Page 1 of 2

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)

KIM RONEY FOR ASHEVILLE

2. ID Number

3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

TODD LESTER
 37 FAIRFAX AVE
 ASHEVILLE, NC 28806

b. Job Title/Profession

MEDIATOR

c. Employer's Name/Specific Field

SELF EMPLOYEED

d. Comments

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"/>	2	Credit Card		10/17/2017	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

LYNN RAPP
 127 RIVERVIEW DR
 APT 1
 ASHEVILLE, NC 28806

b. Job Title/Profession

NURSE

c. Employer's Name/Specific Field

BUNCOMBE COUNTY

d. Comments

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"/>	2	Credit Card		10/17/2017	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information

☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

MIKE SMITH
 41 OAK PARK RD
 ASHEVILLE, NC 28801

b. Job Title/Profession

RETIRED

c. Employer's Name/Specific Field

SELF EMPLOYEED

d. Comments

e. Election Sum to Date

\$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	2	Credit Card		10/22/2017	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page

\$ 450.00

5. Total of ALL CRO-1210 Pages

\$ 475.00

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

CRO-1210

NC State Board of Elections

April 2007

Contributions from Individuals

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

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Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) KIM RONEY FOR ASHEVILLE				2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) ROD MURPHY 107 BRUCEMONT CIRCLE ASHEVILLE, NC 28806			b. Job Title/Profession VIDEO PRODUCTION		d. Comments
			c. Employer's Name/Specific Field SELF-EMPLOYEED		
			e. Election Sum to Date \$ 65.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	2	Credit Card		10/05/2017	\$ 25.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 25.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 475.00

CRO-1210

NC State Board of Elections

April 2007

Refunds/Reimbursements To the Committee

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

Page 1 of 1

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) KIM RONEY FOR ASHEVILLE				2. ID Number	
3. Contributor Information					
<input type="checkbox"/> Add <input type="checkbox"/> Remove a. Full Name, Mailing Address & Phone (include city, state, & zip) AMAZON PO Box 81226 SEATTLE, WA 98108			d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		g. Comments
			e. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Municipality		h. Original Expenditure Date 09/17/2017
b. Job Title/Profession			c. Employer's Name/Specific Field		i. Original Expenditure Amt \$ 16.99
			f. Purpose WRONG SIZE SAW BLADE		j. Election Sum to Date \$ 244.98
k. Account Code	l. Form of Payment	m. In-Kind Description		n. Date (mm/dd/yyyy)	o. Amount
1	Debit Card			09/28/2017	\$ 10.87
4. Total only this Page					\$ 10.87
5. Total of ALL CRO-1240 Pages					\$ 10.87
<i>(This line must be on line 10 of Detailed Summary Page CRO-1100)</i>					\$ 10.87

CRO-1240

NC State Board of Elections

December 2007

Other Receipt Sources

Page 1 of 1

Amendment
☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)				2. ID Number	
KIM RONEY FOR ASHEVILLE					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
SELF-HELP CREDIT UNION 391 SOUTH FRENCH BROAD AVE ASHEVILLE, NC 28801			c. Outside Source Explanation		
			e. Election Sum to Date		
			\$		0.48
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
1	Electronic Funds Tra		09/30/2017	\$ 0.16	
				\$	
5. Total only this Page					\$ 0.16
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					\$ 0.16

CRO-1250

NC State Board of Elections

December 2007

Aggregated Contributions from Individuals

Page 1 of 1

Amendment
☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable) KIM RONEY FOR ASHEVILLE				2. ID Number	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	2	Credit Card		10/22/2017	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		10/17/2017	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		10/16/2017	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		10/16/2017	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		10/15/2017	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		10/11/2017	\$ 50.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add	2	Credit Card		10/11/2017	\$ 25.00
<input type="checkbox"/> Remove					
4. Total only this Page					\$ 275.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 275.00

CRO-1205

NC State Board of Elections

April 2007

Disbursements

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

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Amendment
☒ Yes ☐ No

1. Committee Full Name (and Fund if applicable) KIM RONEY FOR ASHEVILLE					2. ID Number	
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) LOWES 95 SMOKEY PARK HWY ASHEVILLE NC 28806			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 290.46	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	DEBIT	O	10/05/2017	\$63	SIGNS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) STANDARD PIZZA CO 755 BILTMORE AVE ASHEVILLE NC 28804 (828)273-2637			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 70	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	DEBIT	O	10/23/2017	\$70	PIZZA FOR VOLS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PAYPAL FEES 2211 NORTH FIRST ST SAN JOSE CA 09513			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2	DRAFT	C	10/15/2017	\$73.16	CREDIT CARD PROCESSING	
				\$		
5. Total only this Page					\$ 206.16	
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)					\$ 206.16	
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)						

Aggregated Non-Media Expenditures

Page 1 of 1

Amendment

☐ Yes ☒ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)						2. ID Number	
KIM RONEY FOR ASHEVILLE							
3. Payee Information							
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/13/2017	\$ 15.04	GAS FOR CANVASSING	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/10/2017	\$ 48.79	PAPER PRODUCTS AND BEVERAGES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/10/2017	\$ 29.00	WEBSITEWEBSITE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/09/2017	\$ 15.47	SIGN MAKING MATERIALS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/02/2017	\$ 46.64	FACEBOOK BOOST	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Electronic Funds Tra	O	09/30/2017	\$ 15.00	BUSINESS ACCOUNT MAINTENANCE FEE	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	B	09/29/2017	\$ 2.44	COPIES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	2	Electronic Funds Tra	O	10/23/2017	\$ 44.57	PAYPAL FEES	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/23/2017	\$ 47.25	SIGN MAKING MATERIALS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	B	10/14/2017	\$ 26.75	FLIERS	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	O	10/14/2017	\$ 8.55	SALAD FOR SENIOR DEMS POTLUCK	
4. Total only this Page					\$	299.50	
5. Total of ALL CRO-1315 Pages (This line must be on line 14 of Detailed Summary Page CRO-1100)					\$	299.50	
6. Purpose Codes (List detailed expenditure code in (d) above)							
E - Salaries		B* - Printing		C* - Fundraising		D - To Another Candidate	
I - Postage		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
O* - Other		J - Penalties		K* - Office Expenses		Q* - Donations to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (g)							

CRO-1315

NC State Board of Elections

December 2009