

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 04/11/2019	
			e. Phone Number	
2. Report Year 2017	3. Period Start Date (mm/dd/yy) 02/06/2017	4. Period End Date (mm/dd/yy) 02/16/2017	5. Treasurer Full Name KIM RONEY	
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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal State/County Referendum <input checked="" type="checkbox"/> Organizational <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Quarterly <input type="checkbox"/> Pre-primary <input type="checkbox"/> First <input type="checkbox"/> Pre-election <input type="checkbox"/> Second <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Third <input type="checkbox"/> Semi-annual <input type="checkbox"/> Fourth <input type="checkbox"/> Mid Year <input type="checkbox"/> Semi-annual <input type="checkbox"/> Year End <input type="checkbox"/> Mid Year <input type="checkbox"/> Final <input type="checkbox"/> Year End <input type="checkbox"/> Special <input type="checkbox"/> Final <input type="checkbox"/> <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<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:				
8. Number of Fundraisers this Report 0				
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 \$ <u>Ø</u>		d. Period Begin Balance \$ <u>Ø</u>	
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				
<u>Kim Roney</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer		11/17/2019 Date
FOR OFFICE USE ONLY				
Date Received:	NOV 18 2019	Employee	<u>V. Pucko</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) KIM RONEY FOR ASHEVILLE		2. Type of Report 2017 Organizational		3. ID Number	
Start of Election Cycle: January 1, 2014		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 0.00		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 56.00		\$ 56.00	
6) Contributions from Individuals (CRO-1210)		\$ 160.00		\$ 160.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 216.00		\$ 216.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 0.00		\$ 0.00	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 0.00		\$ 0.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 216.00		\$ 216.00	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-3220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

Aggregated Contributions from IndividualsPage 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	1	Cash		02/10/2017	\$	5.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	2	Credit Card		02/08/2017	\$	1.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Cash		02/15/2017	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$56.00
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$	\$56.00

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Pg 1 of 1

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 (and Fund if applicable)					2. ID Number	
KIM RONEY FOR ASHEVILLE						
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
ESTHER CARTWRIGHT 7 Lowell Street ASHEVILLE, NC 28803 (828) 505-5005				Controller		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				AVL Technologies		
						\$ 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		02/15/2017	\$ 100.00	
<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
CAPRICE HAMLINKROUT 99 OAK HOLLOW DR ASHEVILLE, NC 28805 (828) 239-0260				HOMEMAKER		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Private Households		
						\$ 60.00
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		02/16/2017	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 160.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 160.00	

CRO-1210

NC State Board of Elections

April 2007