

Disclosure Report Cover

Amendment

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Yes

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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		c. ID Number	
Christofer Scott Leyhew for County Commissioner			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
2787 Alderman Rd. Fayetteville, N.C. 28306		07/08/2020	
		c. Phone Number	
		910-322-5137	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	02/16/2020	06/30/2020	Christopher Scott Leyhew
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input checked="" type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input 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"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" 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	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
1			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
Wells Fargo			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign	2JKSCC		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 215.88		\$
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.			
<u>Christopher S. Leyhew</u> Printed Name of Signer		<u>Chad Lyle</u> Signature of Appointed Treasurer	
		7-8-2020 Date	
FOR OFFICE USE ONLY			
Date Received:	JUL 9 2020	Employee:	KJ
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <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	
Christopher Scott Leyhew		2 nd Quarter			
Start of Election Cycle: January 1, <u>2020</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 215.88		\$ 865.37	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 305.00		\$ 1835.00	
6) Contributions from Individuals (CRO-1210)		\$		\$ 2220.00	
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)		\$		\$ 256.92	
11d) Legal Expense Fund -- Other Sources (CRO-1270)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 520.88		\$ 4311.92	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 20.00		\$ 3389.60	
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)		\$		\$ 3399.60	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 500.88		\$ 1777.69	
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)		\$		\$	

Aggregated Contributions from Individuals

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of

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Amendment

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Yes

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No

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

1. Committee Full Name (and Fund if applicable) Christopher Scott Leyhew for County Commissioner						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	2JKSCC	CASH		02/26/2020	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/27/2020	\$ 15.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/28/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/28/20200	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/21/2020	\$ 15.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/28/2020	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/28/2020	\$ 10.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSC	CASH			\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH			\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH			\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add					\$
<input type="checkbox"/>	Remove					
4. Total only this Page						\$ 90.00
5. Total of ALL CRO-1205 Pages						\$ 305.00

(This line must be on line 5 of Detailed Summary Page CRO-1100)

Aggregated Contributions from Individuals

Page

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of

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Amendment

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Yes

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No

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

1. Committee Full Name (and Fund if applicable) Christopher Scott Leyhew for County Commissioner					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	2JKSCC	CASH		02/19/2020	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/19/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/19/2020	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/19/2020	\$ 10.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/19/2020	\$ 10.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/20/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/20/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/20/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/20/2020	\$ 10.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/20/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		01/21/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		01/22/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		01/22/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/23/2020	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/24/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/24/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/24/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/24/2020	\$ 15.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/25/2020	\$ 5.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/26/2020	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/26/2020	\$ 20.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	2JKSCC	CASH		02/26/2020	\$ 10.00
<input type="checkbox"/>	Remove					
4. Total only this Page					\$ 115.00	
5. Total of ALL CRO-1205 Pages					\$	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

Disbursements

Amendment
Pg 1 of 2 ☐ Yes ☒ No

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	
Christopher Scott Leyhew fo County Commissioner						
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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) Wells Fargo Bank P.O. Box 6995 Portland, OR 97226-6995 1-800-869-3557			b. Coordinated Committee Name		d. Comments	
			Christopher Leyhew for Commissioner			
			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:			
				\$ 10.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2JKSCC	Electronic	O		\$10.00	Banking Fee	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Wells Fargo Bank P.O. Box 6995 Portland, OR 97226-6995 1-800-869-3557			b. Coordinated Committee Name		d. Comments	
			Christopher Leyhew for Commissioner			
			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:			
				\$ 20.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
2JKSCC	Electronic	O		\$10.00	Bankinf 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	
				\$		
				\$		
5. Total only this Page					\$ 20.00	
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)					\$ 20.00	
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)						



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Inactive Status

This certification is used by Candidate, Party, PACs and Referendum Committees to declare their intent to be inactive, which is not raising or spending any money on behalf of the campaign.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Christopher Scott Leyhew for Commissioner
Treasurer Name: Christopher Scott Leyhew
Treasurer Address: Christopher Scott Leyhew
(include city, state, & zip) 2787 Alderman Rd.
Fayetteville, N.C. 28306
Treasurer Phone: 910-322-5137

I certify that the above named candidate/political committee intends to receive no contributions, nor make any expenditures, until the committee resumes activity.

I understand that if the above circumstances change, it will be necessary for the person responsible for filing financial disclosure reports to file an amended Statement of Organization and the Certification to Return to Active Status form (CRO-3300) within ten days.

7-8-2020
Date Signed

Christopher Scott Leyhew
Signature