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.

1. Committee Information							
a. Full Name	c. ID Number						
ELECT BILL L	WHC 8GR						
b. Mailing Address (include City, Stat	d. Date Filed						
3011 STEEPLE C							
JACKSONVIELE	e. Phone Number						
					910-381-4616		
2. Report Year 3. Period Start	Date (mm/dd/yy)	4. Period I	End Date (mm/	dd/yy) 5. Treasur	er Full Name		
2018 07/011			1/2018	,	AM LANIER		
6. Type of Committee (Check C		Гуре of Rep	ort (check on	lly one type of rep	ort from one category)		
Candidate Campaign Part	y Mm	nicipal	State/C	County	Referendum		
	erendum	Organizationa	*******	rganizational	Organizational		
	!=	Thirty-five da	y	uarterly	Pre-referendum		
Legal Expense Fund	片	Pre-primary		First	Final		
7. Type of Fund (if applicable,		Pre-election Pre-runoff		Second	Supplemental Final		
Booster Fund	theck one)	Semi-annual		Third Fourth	Annual		
Building Fund	ln	Mid Yea	ړ ا∟ ٍ	rourm mi-annual	Special		
<u> </u>	片	Year End	` I°°	Mid Year	10. Special Report Name		
Other:	后	Final		Year End	10: Special Kepuri Name		
8. Number of Fundraisers this	Report 🔲	Special	i i i i i i i i i i i i i i i i i i i	nal			
		•		pecial			
11. Account Information			11. Account				
a. Financial Institution Full Name				itution Full Name			
BANK OF AMER	UCA			THE THE PERSON NAMED IN COLUMN TO TH			
b. Purpose	c. Account Code	···········	b. Purpose		c. Account Code		
CAMPAIGN	W6 240	? <i>0</i>					
FUNDING/EXPENSE	d. Period Begin Ba	lance			d. Period Begin Balance		
	\$ 180.7				\$		
CERTIFICATION					<u> </u>		
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. WILLIAM LANIER							
FOR OFFICE USE ONLY			11				
Date Received: Employee: Delivery Method Normal Mail							
Date Postmarked:		H mploy	/ee:	📙	Registered Mail Hand Delivered		
Date Scanned:		Imploy	/ee:		Electronically Filed		
Date Data Entered:		Employ	ree:		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 t	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	l to total mo	netary information	Amendment Yes No
1. Committee Full Name (and Fund if applicable)	2. Type of		3. ID Number
ELECT BILL LANGER COMMITTEE	QUARTO	ency (300)	WHCBGR
Start of Election Cycle: January 1, 2018	_	Total this Reporting Perio	Total this d Election Cycle
4) Cash on Hand at Start		\$ 180.78	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 451.87	\$ 74 92.90
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 70,00
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,			\$ 7562,90
EXPENDITURES		÷ /2B/	
13) Disbursements	· · · · · · · · · · · · · · · · · · ·		
13a) Operating Expenditures	(CRO-1310)	\$ 98.98	\$ 6664.25
13b) Contributions to Candidates/Political Committees			\$ 500.00
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)	\$ 0	\$ 364.98
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15			\$ 7529.23
19) Cash on Hand at End (Add lines 4 and 12 together, then sub		- 10 . 10	\$ 33.67
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)	\$	10 mg
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)	\$	\$
	(CRO-1215)	\$	\$
CRO-1100 NC State Boar		CONTRACTOR OF THE PROPERTY OF	August 2008

		rom Individua		P	'g of		Amendment Yes No
Use thi	s form to report i	ndividual contribution	ons over \$50 or	contributions un	der \$50 if form C	RO :	1205 is not used
6		ne (and Fund if app					D Number
		CC LANIE	2 COM	7/7766		V	VHCBGR
3. Contributor Information			Add Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Prof	fession	d. C	Comments	
		G. CLEVE	10000				
	•			c. Employer's N	ame/Specific Field	1	,
224 CAMPBELL PL JACKSONVILLE, NC 28546						Letter Court D	
						lection Sum to Date	
f. Prior	a Assourt Code	t Fame Ch				1	400.00
		h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yy		k. Amount
	WL 2400	CHECK	<u> </u>		08/15/20	18	\$ 400,00
							\$
							\$
	ributor Inform	하는 사람들이 되는 사람들이 아니는 사람들이 되었다. 그는 사람들이 사람들이 되었다고 있다는 것이 없는 것이 되었다.		Add Re	emove		
	ame, Mailing Addro le city, state, & zip)	ess & Phone		b. Job Title/Prof	ession	d. C	omments
				GY567 US	MC (RET)		
	ILLIAM LI	ANIER CHRSE COURT			me/Specific Field		
_		CABSE COUR E, NC 28546		e			
	, 2	., - 02 ,0				e. E	e. Election Sum to Date
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ption	j. Date (mm/dd/yyy	ry)	k. Amount
		TRANSFER			10/04/2018		\$ 41.60
	WL2400	TRANSFER			10/09/201	8	\$10.27
							\$ 51.87
200000000000000000000000000000000000000	ributor Informa	aan maaran ka sa			move		
	ime, Mailing Addre e city, state, & zip)	ss & Phone		b. Job Title/Profe	ession	d. C	omments
			c. Employer's Name/Specific Field				
						e. El	ection Sum to Date
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. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	otion	j. Date (mm/dd/yyy		k. Amount
		-			, (, <u>-</u> , ,	37	\$
							\$
							\$
4. Tota	al only this Pa	age				\$	451.87
		O-1210 Pages					
A STATE OF THE STA	na wrist ha on line &	ry est reconstruit and a reconstruit a	(TBO 1700)			\$	451.87

Amendment

Disbursen					Pg _/ of		
Use this form to	o report expenditures	from the commit	ttee for o	perating exp	penses, contribut	ions t	o candidate/political
	l coordinated party e.						
1. Committee	Full Name (and Fur	d if applicable)					2. D Number
ELECT BILL LANIER COMMITTEE							WHC8GR
3. Type of Dis		<u>e use separate Cl</u>	<u>RO-1310</u>	forms for a	each type of Dist	vursei	<u>nent.)</u>
Operating Ex		ntributions to Candid	ates/Politic	cal Committee:	s Coo	rdinate	ed Party Expenditures
4. Payee Infor	mation			Add 🔲	Remove		
	Mailing Address & Pl	none		b. Coordinat	ed Committee Nam	e (d. Comments
(include city, state	e, & zip)	- · · / · · · · · · · · · · · · · · · ·		"			
FACERO	ok, inc.				·		
1601 1	~1410W ROAD	.			istered (Specify)		
	-		_	Federal	County:		
MENLO	PARK, CA	94025-195	, 2	State	Municipa	ality:	e. Election Sum to Date
							\$ 98.98
. Account Code	g. Form of Payment	h. Purpose Code	i Doto (l mm/dd/yyyy)	- Amount	lt Do	
WL 2400		-l					quired Remarks
WZ 2900	CHECH DEBIT	A	10/0	1/2018	\$ 98.98	ME	DIA ADS
					\$		
4. Payee Infor	mation			Add	Remove		
	ling Address & Phone		eninanosi	Andrey good and the Control	ed Committee Name	Р (d. Comments
(include city, sta					ou commerce rum.		a. comments
				c. Level Regi	stered (Specify)	\dashv	
				☐ Federal	County:		
				State		ality:	e. Election Sum to Date

				[\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Re	quired Remarks
			1		\$		
			 		_	1	
			1		\$		
i. Payee Infor	mation	(2) (5) (5) (6) (6) (6) (7) (4)		Add	Remove		
. Full Name, Mai	ling Address & Phone	***************************************		b. Coordinat	ed Committee Name	e c	i. Comments
(include city, sta	ate, & zip)						
				c. Level Regi	stered (Specify)		
				Federal	County:		
				State	Municipa Municipa	lity: e	Election Sum to Date
							\$
	· · · · · · · · · · · · · · · · · · ·						D
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	nm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
					\$		
			1		\$	<u> </u>	
**************************************			Post Carlo Company	o-Para care de la companya de la co	D D	<u> </u>	
5. Total only the	his Page			A (1) (1) (1) (1) (1) (1)			\$ 98. <i>98</i>
6. Total of AL	L CRO-1310 Pages					00000	
(This line goes i	n line 13a of Detailed Sui	nmary Page CRO-11	100 if Oper	rating Expense	es)		\$ 598.98
	n line 13b of Detailed Sui) [4 110.70
	n line 13c of Detailed Sur						
7. Purpose C	odes (List detailed	expenditure cod	e in (h.)	above)	nyrgii (ngili) (ganguyaan asaga)	roenavgillis Godoonia	
A* - Media	B* - Printi			undraising	D - To	Anoth	er Candidate
		~			~ 20.		

O* Other

E - Salaries

I - Postage

F* - Equipment

J - Penalties

G - Political Party

K* - Office Expenses

 H^{\ast} - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

Disbursen	nents				n / .	Amendment
		from the commit	taa fam a		Pg / of	
committees and	l coordinated party ex	nom me commu penditures	tee for o	perating exp	enses, contribut	ions to candidate/political
	Full Name (and Fund		0.0000000000000000000000000000000000000			2. ID Number
ELECT .	WHC 8GR					
3. Type of Disl		use separate CH				<u>pursement.)</u>
Operating Exp		tributions to Candida	ates/Politic		☐ C∞	ordinated Party Expenditures
4. Payee Inform				Add 🔲	Remove	
	Mailing Address & Ph	one		ed Committee Nam		
include city, state	e, & zip)			4	SHANAHAN	
WILLIA	m SHANAHA	N			omm////owe/ stered (Specify)	
FOR CO	UNTY COMMIS	SIONER		Federal	County:	war distance are a con-
				State		ality: e. Election Sum to Date
						\$500.00
f. Account Code	g. Form of Payment	h. Purpose Code		mm/dd/yyyy)		k. Required Remarks
WL2400	CASHIER'S CHECK	D	10/0	9/2018	\$ 500.00	CAMPAIGN EVENT
				, <u>,</u>	\$	
4. Payee Infor	mation	<u> </u>		Add \square	Remove	
	ling Address & Phone			androgen and the second	ed Committee Nam	e d. Comments
(include city, sta				D. Coordinate	on Commutee Many	u. Commens
		****		1		
				c. Level Regis	stered (Specify)	
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4. Payee Inform					Remove	
	ling Address & Phone			b. Coordinate	ed Committee Nam	d. Comments
(include city, sta	ite, & zīp)					
				c Lavel Peris	tered (Specify)	
				Federal	County:	
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. Account Code	g. Form of Payment	h. Purpose Code	i. Date (1	mm/dd/yyyy)	j. Amount	k. Required Remarks
					\$	
					\$	
5. Total only th	nis Page					\$ 500.00
6. Total of ALI	L CRO-1310 Pages					
والمناور والمناور والمراور وال	ı line 13a of Detailed Sum	mary Page CRO-11	00 if Oper	rating Expense	s)	
	ı line 13b of Detailed Sum					\$ 500.00
	line 13c of Detailed Sum					

* Codes require detailed explanation in required remarks field (k) CRO-1310

O* Other

A* - Media

E - Salaries

I - Postage

NC State Board of Elections

C* - Fundraising

G - Political Party

K* - Office Expenses

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing

J - Penalties

F* - Equipment

December 2009

D - To Another Candidate

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund