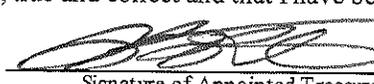
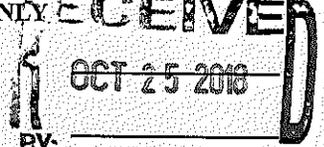


# Disclosure Report Cover

|   |
|---|
| Amendment   |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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  |   |
| COMMITTEE TO ELECT WALTER J. SCOTT  |   | VHC 694   |   |
| b. Mailing Address (include City, State and Zip Code)   |   | d. Date Filed   |   |
| 134 BESSIE FOY ROAD<br>RICHLANDS, NC 28574-5130   |   | 10/25/2018  |   |
|   |   | e. Phone Number   |   |
|   |   | (910) 750-4582  |   |
| 2. Report Year  | 3. Period Start Date (mm/dd/yy)   | 4. Period End Date (mm/dd/yy)   | 5. Treasurer Full Name  |
| 2018  | 07/01/2018  | 10/20/2018  | GARY PETERS   |
| 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<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund  |   | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |   |
|   |   | <b>State/County</b><br><input type="checkbox"/> Organizational<br>Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input checked="" type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br>Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special                         |   |
|   |   | <b>Referendum</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special   |   |
| 7. Type of Fund (if applicable, check one)  |   | 10. Special Report Name   |   |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><br><input type="checkbox"/> Other:   |   |   |   |
| 8. Number of Fundraisers this Report  |   |   |   |
| 0   |   |   |   |
| 3. Account Information  |   | 3. Account Information  |   |
| a. Financial Institution Full Name  |   | a. Financial Institution Full Name  |   |
| NAVY FEDERAL CREDIT UNION   |   |   |   |
| b. Purpose  | c. Account Code   | b. Purpose  | c. Account Code   |
| CAMPAIGN FUNDS  | WS  |   |   |
|   | d. Period Begin Balance   |   | d. Period Begin Balance   |
|   | \$ 197.55   |   | \$  |
| 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 |   |   |   |
| <br>Printed Name of Signer   |   | <br>Signature of Appointed Treasurer  |   |
|   |   | 10/25/2018<br>Date  |   |
| FOR OFFICE USE ONLY RECEIVED  |   |   |   |
| Date Received:  |  | Employee: _____   | Delivery Method   |
| Date Postmarked:  | BY: _____   | Employee: _____   | <input type="checkbox"/> Normal Mail                                |
| Date Scanned:   | _____   | Employee: _____   | <input type="checkbox"/> Registered Mail                            |
| Date Data Entered:  | _____   | Employee: _____   | <input 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.   |   |   |   |