Amendment

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		
n. Full Name		c. ID Number
Committee to Elect R		DCHISP
. Mailing Address (include City, State and Zip		d. Date Filed
193 Firenbed Plus		10/27/20
Clayton, NC 27527		e. Phone Number
C (1011) 100 C [32]		919.550.2696
2. Report Year 3. Period Start Date (1		
2020 7/1/20	10/17/20	Richard Keith Mercier
. Type of Committee (Check One)		ne type of report from one category)
Candidate Campaign Party	Municipal State/County	
PAC Referendum Independent Expenditure Joint Fundrai	Organizational Organiz iser Thirty-five day Quarterl	I —
☐ Independent Expenditure ☐ Joint Fundrai ☐ Legal Expense Fund	iser Thirty-five day Quarter	
Legal Expense Fund		cond Supplemental Final
7. Type of Fund (if applicable, check on	= = \=	
Booster Fund (t) applicable, check on		urth Special
Building Fund	Mid Year Semi-an	
		id Year 10. Special Report Name
Other:	Final Ye	ear End
3. Number of Fundraisers this Report	t Special Final	1
	Special Special	
1. Account Information	11. Account Info	rmation
. Financial Institution Full Name	a. Financial Institutio	n Full Name
BBIT		
	ount Code b. Purpose	c. Account Code
Campaign Committee d. Perio		
Committee de Paris	od Begin Balance	d. Period Begin Balance
4	59.72	\$
CERTIFICATION		
I certify that the Committee or Fund is in of the NC General Statutes and that no fur report is complete, true and correct and the Rick Martin	nds are commingled with prohibited or other a nat I have been trained by the NC/State Board	10/27/20
Printed Name of Signer	Signature of Appointed Tr	easurer Date
FOR OFFICE USE ONLY	1 20 Linn	/ Delivery Method
Date Received: 10-2	7-20 Employee: 040	☐ Normal Mail
Date Postmarked:	Employee:	Registered Mail Hand Delivered
Date Scanned:	Employee:	Electronically Filed
Date Data Entered:	Employee:	Signer has not received mandatory training
assistant treasu	be used to amend committee information surer, custodian of books information, or actement of Organization (CRO-2100A-E)	ccount information. 27 2020

Amendment ☐ Yes No.

Detailed Summary	Sev.		Yes No
Use this form to summarize all disclosure reporting forms and 1. Committee Full Name (and Fund if applicable)	2. Type of I		ID Number
Committee to Elect Rick Mercier	Comm		DGHIZP
Start of Election Cycle: January 1, 2017		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 159.72	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 190.00	\$ 340.00
6) Contributions from Individuals	(CRO-1210)	\$ 1.338.28	\$ 5,520.08
7) Contributions from Political Party Committees	(CRO-1220)	\$ 7	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 268.00	\$ Z68.00
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,	11d and 11e)	\$1796.28	s 6,128.08
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 566.00	\$ 2,437.7
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0.50	\$ 69.08
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions 1,138,286	(CRO-1510)	3 11 11	1 \$ 3,310,08
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 1,704.78	\$ 5,816.86
19) Cash on Hand at End (Add lines 4 and 12 together, then sul	otract line 18	\$ 251.22	\$ 251,22
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)	\$	经济 加州的建筑。
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)	\$	\$

			outions from l		of	Amendment Yes No
_	-			ns From Individuals of \$		
1. (nd Fund if applicab		THE RESERVE THE PARTY OF THE PA	ID Number
	Cov	umittee to	Elect RICK	MGTCIGT		DGHIZP
3. (Contribu	tor Information				
a. A	mend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
님	Add Remove		Check		10/9/20	s 30
H	Add Remove		Mek		10/9/20	s 30
百	Add		cash			5 5
ᆸ	Add Add				10/9/20	
	Remove Add		check		8/3/1/20	s 25
	Remove	1	credit card		8/31/20	s 50
	Add Remove		credit card		9/27/20	s 25
	Add Remove		credit card		9/29/20	s 25
d	Add		MKUIT MIN		1,01/20	S
	Remove					3
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	Remove Add					s
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F	Remove					S
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F	Add Remove					\$ 1000

CRO-1205

4. Total only this Page

5. Total of ALL CRO-1205 Pages

190.00

\$

\$

Contr	ibutions fr	om Individuals	S	Pg	1 of 1	Amendment Yes No	
		dividual contribution		- 6	er \$50 if form CR	 1 	
CANADA PROPERTY.	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	e (and Fund if applic				2. ID Number	
	Committee	e to Elect R	SICK Mercia	67		DGHIZP	
SOUR DANGE BY TOTAL	ibutor Informa			Add Ren			
	me, Mailing Addres	ss & Phone		b. Job Title/Profes	1	d. Comments	
	city, state, & zip)			consultan	t		
Den	nian Belli	nggr 🕮.		c. Employer's Nam			
131	Sycamor	y dir.		self-emple	ovel	e. Election Sum to Date	
(Le	nian Delli Sycamon rner, NC	77529		,	, ,		
	, , , ,					\$ 100.00	
f. Prior	g. Account Code		i. In-Kind Descript	tion	j. Date (mm/dd/yyy		
		credit curd			9/19/20	\$ 100.00	
						\$	
						\$	
3. Conti	ributor Informa	tion			nove	,作为 是一个一个	
A CONTRACTOR	me, Mailing Addre	ss & Phone		b. Job Title/Profes	ssion	d. Comments	
1000	e city, state, & zip)			Presiden	<i>†</i>		
Brv	an Johns			c. Employer's Nan	ne/Specific Field		
3/	Charles	ton Dr.		Marcis + f	Essociates	e. Election Sum to Date	
	inton NC			114	13.40.11.02	\$ [00.00)	
			i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	100.00	
		creat card			10/5/20	\$100.00	
		UTUTT CACTO			10/3/00	\$	
						\$	
3. Cont	ributor Informa	ation		Add Rei	nove		
a. Full Na	ame, Mailing Addre			b. Job Title/Profe	ssion	d. Comments	
	e city, state, & zip)	6.10	· 经第分三次点	c. Employer's Nar	ations ner.		
Ki	ck Mercig 3 Firewood	7145	50.2696				
	2			Form of	f Garnbr	e. Election Sum to Date	
C	auton, NO	27527				s \$205870)
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	otion	j. Date (mm/dd/yyy		
		credit card	Facebook	boods	1/1-10117/20	020 \$193.91	
		corelit Chrid	signs		9/4/2027	0 \$469.70	
		Credit courd	door hur	nsers	9/10/2020	\$ 474,67	
1 Tot	al only this P			V		s A 3 1 4 13	338.7

Refunds/Reimbursements To the Committee

Pg _	of 1	Amendmen	No

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

1. Committee Full						-) Number
Co	mmitte	te to Elev	ct Rick Me	rcier		ĺ	16H12P
3. Contributor Inf	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN			Add Re	move		
a. Full Name, Mailing (include city, state, &	& zip)			d. Type of Comm Candidate Referendum	PAC Party	g. Co	fund of fee for
Clayton C 301 E. Mr	hambe	rof Comi	116768	e. Level Registere		20000	riginal Expenditure Date
301 E. M	in St	,		State	Municipality:		1128/20
Clayford	NIC :	77520				i. Or	iginal Expenditure Amt
Chilian	, 140	91	9.553.6352				268.00
b. Job Title/Profession	1	c. Employer's N	ame/Specific Field	f. Purpose		j. Ele	ection Sum to Date
				See Comn			268.00
k. Account Code		f Payment	m. In-Kind Descri	ption	n. Date (mm/dd/yy	yy)	o. Amount
	refu	nd			8/7/20		\$ 268.00
3. Contributor In					emove		
a. Full Name, Mailing		Phone		d. Type of Comn		g. C	omments
(include city, state,	& zip)			Candidate Referendum	PAC Party		
				e. Level Register		h. O	riginal Expenditure Date
				Federal	County:		•
				State	Municipality:	1	
						i. Oı	riginal Expenditure Amt
						\$	
							ection Sum to Date
b. Job Title/Professio	1	c. Employer's N	ame/Specific Field	f. Purpose		J. E.	ection Sum to Date
k. Account Code	I Form	of Payment	m. In-Kind Descr	intion	n. Date (mm/dd/yy	1	o. Amount
k. Account Code	i. Form	n Fayment	III. III-KIIIU Deser	- Iparon	2 (557	\$
3. Contributor In	formation	n en la		Add R	emove		
a. Full Name, Mailing	The Charles			d. Type of Com	nittee	g. C	omments
(include city, state,	& zip)			Candidate Referendum			
				e. Level Register		h. C	Original Expenditure Date
				☐ Federal	County:		
				☐ State	☐ Municipality:	_	
						i. O	riginal Expenditure Amt
						\$	
b. Job Title/Profession	on	c. Employer's I	Name/Specific Field	f. Purpose		j. E	lection Sum to Date
						\$	
k. Account Code	l. Form	of Payment	m. In-Kind Desc	ription	n. Date (mm/dd/y	ууу)	o. Amount
		· · · · · · · · · · · · · · · · · · ·					\$
4. Total only t	his Page	e				\$	268.00
5. Total of AL						\$	768.00
(This line must be	on line 10 oj	Detailed Summa	ury Page CRO-1100)	网络冰雪 星人			C00.00

-						4
Di	Sh	111	·Se	m	en	its

		_	
	1	Amendmen	
Pg	 of <u> </u>	_	No No

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

1. Committee F	ull Name (and Fund	l if applicable)			2. ID Number
^	ommittee to	Elfet Rick M			DGH12P
3. Type of Disb	<u> </u>	use separate CRO-1.			
Operating Expe	enses Con	ntributions to Candidates/Po	Political Committees	Coord	dinated Party Expenditures
4. Payee Inform	nation			Remove	L A
	Iailing Address & Pho	one	b. Coordinate	ed Committee Name	d. Comments
(include city, state,	& zip)		77 E		
ZDOM	edon Blud., 6	thfloor	Federal	stered (Specify) County:	
SOUL	(1)	2000 1110	State	Municipal	
Jan Jasa	s, LA 88	8:174.4666		· American	\$ 74.95
f. Account Code	g. Form of Bayment	h. Purpose Code i. Da		J. Tarres	k. Required Remarks
	COTO	0 1	11-10117	s 44.97	Zoon account fees
	curre			\$	
4. Payee Inforn	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone	15 - L 15 - L 15 - L	b. Coordinate	ed Committee Name	d. Comments
(include city, stat			4		
Reid's I	Iron+ Servicce	1	e I avel Desi	istered (Specify)	1000
ל באוסטו	Print Services nourson St.	•	c. Level Regis	County:	
			State	Municipal	e. Election Sum to Date
Solma	NC 1	915,965,7292		F	s 491.05
f. Account Code	g. Form of Payment		Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
m aran aspail so that is the little	colling.	B	3/4/2A	\$46.70	- signs
	delit corch	B 10	1/6/20	s 491.05	SNAIS
4 Power Inc.	nation	L(Add	Remove	
4. Payee Inform a. Full Name, Mail	mation iling Address & Phone			ted Committee Name	e d. Comments
a. Full Name, Mail (include city, sta			the second second		
, su					
1				istered (Specify)	
			Federal State	County:	ality: e. Election Sum to Date
			State	Municipa	
					\$
f. Account Code	g. Form of Payment	h. Purpose Code i. D	Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
 	+	+		\$	
					S 611 0A
5. Total only th					\$ 566.00
	L CRO-1310 Pages				FIL WA
(This line goes i	n line 13a of Detailed Su	ımmary Page CRO-1100 i	if Contrib to C	ses)	\$ 566.00
(This line goes i	in une 13b of Detailed Su	ımmary Page CRO-1100 i ımmary Page CRO-1100 i	f Coordinated Part	v Expenditures)	77
THE R. P. LEWIS CO., LANSING, MICH.	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND				
		ed expenditure code in	(h.) above) * - Fundraising	D. To	Another Candidate
A* - Media E - Salaries	B* - Print F* - Equip		- Political Party	Н* - Н	Iolding Public Office Expenses
I - Postage	J - Penalt		* - Office Expe		Oonation to Legal Expense Fund
O* Other	THE RESERVE OF THE PERSON OF T				
* Codes requi	ire detailed explana	ation in required rem	narks field (k)		

Aggregated N	Non-Media	Expenditure	S
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	-1	Amendmen	t
Page	of	☐ Yes 🛣	I No

)	ntional	form	used	to re	nort	NC	Non-	Media	Expend	litures	of	\$50	or	less
•	puonai	IOIIII	uscu	to It	Port	111	TAOH-1	vicula	LAPCIN	antuics	U	400	OI.	1000.

1. Committ	. Committee Full Name (and Fund if applicable)							
Committee to Elect Rick Mercier					D6H12P			
3. Payee Information								
	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/y	ууу)	f. Amount	g. Required Remarks	
Add Remove		transfer	C	8/11/20		s 0.50	transaction fees	
Add Remove						S	Zoom chares	
Add Remove						S	J	
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Remove	mly this Do		are a savage i		200	\$		
	only this Page			714 3 6 8 6 1		s .50		
	of ALL CRO- nust be on line 14 of	·1315 Pages Detailed Summary Page	CRO-1100)			s .50		
6. Purpo	se Codes (List B*	detailed expendi - Printing	ture code in (c C* - Fundr		D - To	Another Candida	ate	
E - Salar		- Equipment	G - Political			Holding Public O		
I - Posta		Penalties	K* - Office				al Expense Fund	
O* - Other								
* Codes require detailed explanation in required remarks field (g)								
000 1011			D 1 CE1 1				D 1 2000	

T.		
)
In-Kind Contributions	Pg	of Amendment Yes
Use this form to report non-monetary contributions, donations Use CRO-1215 if In-Kind Contributions were or will be		committee or fund.
1. Committee Full Name (and Fund if applicable)		2. ID Number
Committee to Elect Rick Merc	ift	D6H12P
3. Contributor Information	☐ Add ☐ Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor Individual	c. Comments
RICK MERCIEN 919.550.26 193 FINELER DP. Clayton, NC 21527	— \	d. Election Sum to Date
e. Description	f. Date (mn	m/dd/yyyy) g. Fair Market Amo
Facybook boosts	1/1-10	1/17/20 \$ 193.91
1		1460 03

3. Contributor Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments Individual (include city, state, & zip) Candidate Party PAC Referendum d. Election Sum to Date Other Receipt Source f. Date (mm/dd/yyyy) g. Fair Market Amount e. Description S \$ 3. Contributor Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Type of Contributor c. Comments Individual (include city, state, & zip) Candidate Party ☐ PAC Referendum d. Election Sum to Date Other Receipt Source e. Description f. Date (mm/dd/yyyy) g. Fair Market Amount S 4. Total only this Page 5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)