

# 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

<b>1. Committee Information</b>	
<b>a. Full Name</b> VOTT DACEY COMMITTEE	<b>c. ID Number</b> TCD5HA
<b>b. Mailing Address (include City, State and Zip Code)</b> POST OFFICE BOX 626 NEW BERN, NC 28563	<b>d. Date Filed</b> 07/09/12
<b>RECEIVED JUL 09 2012</b>	
<b>e. Phone Number</b> 252-349-0139	

<b>2. Report Year</b> 2012	<b>3. Period Start Date (mm/dd/yy)</b> 4.22.12	<b>4. Period End Date (mm/dd/yy)</b> 6.30.12	<b>5. Treasurer Full Name</b> JEANNIE M. TYSON X
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	<b>10. Special Report Name</b>
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
<b>Number of Fundraisers this Report</b>		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	

<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b> FIRST SOUTH BANK		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> BANKING	<b>c. Account Code</b>	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$ 893.38		<b>d. Period Begin Balance</b> \$

**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.

JEANNIE M. TYSON \_\_\_\_\_ JULY 9, 2012 \_\_\_\_\_  
 Printed Name of Signer Signature of Appointed Treasurer Date

**FOR OFFICE USE ONLY**

Date Received: _____	Employee: _____	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked: _____	Employee: _____	
Date Scanned: _____	Employee: _____	
Date Data Entered: _____	Employee: _____	

**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.

# Refunds/Reimbursements To the Committee

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

<b>1. Committee Full Name (and Fund if applicable)</b> SCOTT DACEY COMMITTEE				<b>2. ID Number</b> TCD5HA	
<b>3. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) FIRST SOUTH BANK POST OFFICE BOX 12429 NEW BERN, NC 28561			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b> REFUND OF BANK FEES
			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Expenditure Date</b> BANK STATEMENTS
					<b>i. Original Expenditure Amt</b> \$ 16
<b>b. Job Title/Profession</b> BANK		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b> REIMBURSEMENT	
				<b>j. Election Sum to Date</b> \$	
<b>k. Account Code</b>	<b>l. Form of Payment</b> DIRECT DEPOSIT	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b> 04/23/12		<b>o. Amount</b> \$ 16.00
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b>
			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Expenditure Date</b>
					<b>i. Original Expenditure Amt</b> \$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				<b>j. Election Sum to Date</b> \$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>		<b>o. Amount</b> \$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>d. Type of Committee</b> <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		<b>g. Comments</b>
			<b>e. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>h. Original Expenditure Date</b>
					<b>i. Original Expenditure Amt</b> \$
<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>		<b>f. Purpose</b>	
				<b>j. Election Sum to Date</b> \$	
<b>k. Account Code</b>	<b>l. Form of Payment</b>	<b>m. In-Kind Description</b>	<b>n. Date (mm/dd/yyyy)</b>		<b>o. Amount</b> \$
<b>4. Total only this Page</b>					\$ 16.00
<b>5. Total of ALL CRO-1240 Pages</b> (This line must be on line 10 of Detailed Summary Page CRO-1100)					\$ 16.00

# 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	
SCOTT DACEYC OMMITTEE	2ND QUARTER 4.22.12 - 6.30.12	TCDSHA	
<b>Start of Election Cycle:</b> <b>January 1,</b> <b>2012</b>	<b>Total this Reporting Period</b>	<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>	\$ 893.38	\$ 885.38	
<b>RECEIPTS</b>			
<b>5) Aggregated Contributions from Individuals</b> (CRO-1205)	\$	\$	
<b>6) Contributions from Individuals</b> (CRO-1210)	\$	\$	
<b>7) Contributions from Political Party Committees</b> (CRO-1220)	\$	\$	
<b>8) Contributions from Other Political Committees</b> (CRO-1230)	\$	\$	
<b>9) Loan Proceeds</b> (CRO-1410)	\$	\$	
<b>10) Refunds/Reimbursements To the Committee</b> (CRO-1240)	\$ 16.00	\$ 40.00	
<b>11) Other Receipt Sources</b>			
<b>11a) Interest on Bank Accounts</b> (CRO-1250)	\$	\$	
<b>11b) Contributions from Not-for-Profit Organizations</b> (CRO-1250)	\$	\$	
<b>11c) Outside Sources of Income</b> (CRO-1250)	\$	\$	
<b>11d) Legal Expense Fund – Other Sources</b> (CRO-1270)	\$	\$	
<b>11 e) Exempt Purchase Price Sales</b> (CRO-1265)	\$	\$	
<b>12) TOTAL RECEIPTS</b> (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 16.00	\$ 40.00	
<b>EXPENDITURES</b>			
<b>13) Disbursements</b>			
<b>13a) Operating Expenditures</b> (CRO-1310)	\$	\$ 16.00	
<b>13b) Contributions to Candidates/Political Committees</b> (CRO-1310)	\$	\$	
<b>13c) Coordinated Party Expenditures</b> (CRO-1310)	\$	\$	
<b>14) Aggregated Non-Media Expenditures</b> (CRO-1315)	\$	\$	
<b>15) Loan Repayments</b> (CRO-1420)	\$	\$	
<b>16) Refunds/Reimbursements From the Committee</b> (CRO-1320)	\$	\$	
<b>17) In-Kind Contributions</b> (CRO-1510)	\$	\$	
<b>18) TOTAL EXPENDITURES</b> (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$	
<b>19) Cash on Hand at End</b> (Add lines 4 and 12 together, then subtract line 18)	\$ 909.38	\$ 909.38	
<b>ADDITIONAL INFORMATION</b>			
<b>20) Non-Monetary Gifts Given to Other Committees</b> (CRO-1330)	\$	\$	
<b>21) Outstanding Loans (incl. ones from other campaigns)</b> (CRO-1430)	\$	\$	
<b>22) Debts and Obligations owed By the Committee</b> (CRO-1610)	\$	\$	
<b>23) Debts and Obligations owed To the Committee</b> (CRO-1620)	\$	\$	
<b>24) Account Transfers Within the Committee</b> (CRO-1720)	\$	\$	
<b>25) Administrative Support</b> (CRO-1710)	\$	\$	
<b>26) Forgiven Loans</b> (CRO-1440)	\$	\$	
<b>27) 48-Hour Notice Reports Sum</b> (CRO-2200)	\$	\$	
<b>28) Contributions to be Refunded</b> (CRO-1215)	\$	\$	