

RECEIVED
SEP 24 2015



North Carolina
State Board of Elections
441 N Harrington Street
Raleigh, NC 27603

Union Co. Board of Elections

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

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

FILED BY:

Committee Name: EVANS FOR EVERYONE
Treasurer Name: GARY EVANS
Treasurer Address: 4800 MOSSY CUP LANE
(include city, state, & zip) MONROE, NC 28110

Treasurer Phone: 781-389-0034

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

9/24/15
Date Signed

[Signature]
Signature

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.

| | |
|--|-------------------------------------|
| 1. Committee Information | |
| a. Full Name EVANS FOR EVERYONE | c. ID Number XJM 719 |
| b. Mailing Address (include City, State and Zip Code) 4800 MOSSY CUP LANE MONROE, NC 28110 | d. Date Filed SEP 24 2015 |
| e. Phone Number | |

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| | | | |
|--------------------------------------|--|---|--|
| 2. Report Year 2015 | 3. Period Start Date (mm/dd/yy) 7/16/15 | 4. Period End Date (mm/dd/yy) 9/2/15 | 5. Treasurer Full Name GARY EVANS |
|--------------------------------------|--|---|--|

| | | | | |
|--|---|--|---------------------------------------|---|
| 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 | <input type="checkbox"/> Organizational | <input type="checkbox"/> State/County | <input type="checkbox"/> Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Thirty-five day | Quarterly | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Booster Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | 10. Special Report Name |
| 8. Number of Fundraisers this Report | | <input checked="" type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |

| | | | |
|--|------------------------------------|-------------------------------------|-------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name CAROLINA PREMIER BANK | a. Financial Institution Full Name | b. Purpose CAMPAIGN FUNDS | b. Purpose |
| b. Purpose | c. Account Code 01 | c. Account Code | c. Account Code |
| d. Period Begin Balance \$ 0 | d. Period Begin Balance | d. Period Begin Balance | d. Period Begin Balance |

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.

GARY EVANS Printed Name of Signer [Signature] Signature of Appointed Treasurer 9/24/15 Date

FOR OFFICE USE ONLY

Date Received: 9/24/15 Employee: K. Quinn Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed
 Signer has not received mandatory training

Date Postmarked: N/A Employee: _____
 Date Scanned: 9/24/15 Employee: K. Quinn
 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.

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Amendment

Yes No

Detailed Summary

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 |
| EVANS FOR EVERYONE | | Elections | XJM719 |
| Start of Election Cycle: January 1, 2015 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 0 | \$ 0 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ | \$ | |
| 6) Contributions from Individuals (CRO-1210) | \$ 500.00 | \$ 500.00 | |
| 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) | \$ | \$ | |
| 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) | \$ 500.00 | \$ 500.00 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 40.00 | \$ 40.00 | |
| 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) | \$ 460.00 | \$ 460.00 | |
| 17) In-Kind Contributions (CRO-1510) | \$ | \$ | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 500.00 | \$ 500.00 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 0 | \$ 0 | |
| 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) | \$ | \$ | |

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Contributions from Individuals

Pg ____ of ____ Amendment Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

| | | | | | | | |
|--|------------------------|---------------------------|-------------------------------|--|--|--------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| EVANS FOR EVERYONE | | | | | | XJM 719 | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| DONALD WIGTMAN 60 CHRISTINA DR. WALPOLE, MA. | | | | RETIRED | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | RETIRED UNION PRESIDENT | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 01 | CHECK | | 8/20/15 | | \$ 100.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| GARY EVANS 4880 MOSSY CUP LN. MONROE, NC 28110 | | | | CERT. CONSULTANT | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | PERSONAL DEFENSE SERVICES | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | 01 | CHECK | | 8/01/15 | | \$ 400.00 | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Job Title/Profession | | d. Comments | |
| | | | | | | | |
| | | | | c. Employer's Name/Specific Field | | e. Election Sum to Date | |
| | | | | | | \$ | |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | | k. Amount | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| <input type="checkbox"/> | | | | | | \$ | |
| 4. Total only this Page | | | | | | \$ 500.00 | |
| 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | \$ 500.00 | |

Disbursements

RECEIVED Pg _____ of _____

Amendment
 Yes No

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

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| | | | | | | | |
|--|---------------------------|------------------------|-----------------------------|---|----------------------------|-------------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| EVANS FOR EVERYONE Union Co. Board of Elections | | | | | | XJM 719 | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | | |
| <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) | | | | b. Coordinated Committee Name | | d. Comments | |
| JON FOSDALL PRINTING INDIAN TRAIL, NC | | | | | | BUSINESS CARDS | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | \$ 40.00 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| 01 | CHECK | 3 | 8/20/15 | \$ 40.00 | BUSINESS CARDS | | |
| | | | | \$ | | | |
| 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 | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 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 | | | | | | \$ 40.00 | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ 40.00 | |
| (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) | | | | | | | |
| 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) | | | | | | | |

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Refunds/Reimbursements From the Committee

Page 28, 2015 of

Amendment
 Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| | | | | | |
|--|--|--|--------------------------------|--|--|
| 1. Committee Full Name (and Fund if applicable) <i>EVANS FOR EVERYONE</i> | | | 2. ID Number <i>XJM 719</i> | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>DONALD WIGHTMAN 60 CHELSEA DR. WALPOLE, MA.</i> | | d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | h. Original Receipt Date <i>8/20/15</i> | |
| b. Job Title/Profession <i>RETIRED UNION PRESIDENT</i> | | c. Employer's Name/Specific Field <i>UNION PRESIDENT</i> | | i. Original Receipt Amount <i>\$ 100.00</i> | |
| l. Form of Payment <i>CHECK</i> | | m. Required Remarks <i>RETURNED TO CONTRIBUTOR</i> | | n. Date (mm/dd/yyyy) <i>9/14/15</i> | |
| | | | | o. Amount <i>\$ 100.00</i> | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) <i>GARY EVANS 4800 MOSBY CYP LN. MONROE, NC 28110</i> | | d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | h. Original Receipt Date <i>8/10/15</i> | |
| b. Job Title/Profession <i>CERS. CONSULTANT</i> | | c. Employer's Name/Specific Field <i>PERSONAL DEFENSE SER.</i> | | i. Original Receipt Amount <i>\$ 400.00</i> | |
| l. Form of Payment <i>CHECK</i> | | m. Required Remarks <i>RETURNED TO CONTRIBUTOR</i> | | n. Date (mm/dd/yyyy) <i>9/20/15</i> | |
| | | | | o. Amount <i>\$ 360.00</i> | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | h. Original Receipt Date | |
| b. Job Title/Profession | | c. Employer's Name/Specific Field | | i. Original Receipt Amount \$ | |
| l. Form of Payment | | m. Required Remarks | | n. Date (mm/dd/yyyy) | |
| | | | | o. Amount \$ | |
| 4. Total only this Page | | | | \$ <i>460.00</i> | |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ <i>460.00</i> | |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other | | | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |