

Disclosure Report Cover

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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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 RE-ELECT ALICIA CHISOLM		UCE54C	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
1855 CASCADE ST. FAYETTEVILLE N.C. 28301-3774		02/09/2021	
		e. Phone Number	
		910488-7820	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	07/01/2020	10/17/2020	VERA STUKES
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		State/County	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report		10. Special Report Name	
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
FIRST CITIZENS BANK			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
CAMPAIGN EXP	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 250.10		\$
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.			
VERA STUKES		02/09/2021	
Printed Name of Signer		Signature of Appointed Treasurer	
FOR OFFICE USE ONLY			
Date Received:	Employee:	Delivery Method	
		<input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" 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.			

Detailed Summary

Amendment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) COMMITTEE TO RE-ELECT ALICIA CHISOLM		2. Type of Report 3 rd Quarter		3. ID Number UCE54C	
Start of Election Cycle: January 1, <u>2017</u>		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 250.10		\$ 250.10	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 925.00		\$ 925.00	
6) Contributions from Individuals (CRO-1210)		\$ 1575.00		\$ 1575.00	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 7000.00		\$ 7000.00	
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)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 9500.00		\$ 9500.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 4284.81		\$ 4284.81	
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)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 4284.81		\$ 4284.81	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 5465.29		\$ 5465.29	
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)		\$		\$	

Aggregated Contributions from Individuals

Page

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Amendment
☒ Yes ☐ No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Committee to Re-elect Alicia Chisolm 3rd Quarter					UCE54C	
3. Contributor Information						
a. Amend		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/>	Add	1	CHECK		09/30/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		09/30/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		09/30/2020	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		09/30/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		09/30/2020	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		09/30/2020	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		09/30/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/07/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/07/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/07/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/07/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/07/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/14/2020	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/14/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		09/30/2020	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		09/30/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/07/2020	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CASH		10/07/2020	\$ 25.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/07/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/14/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input type="checkbox"/>	Add	1	CHECK		10/14/2020	\$ 50.00
<input type="checkbox"/>	Remove					
<input checked="" type="checkbox"/>	Add	1	CHECK		10/07/2020	\$ 50.00
<input type="checkbox"/>	Remove					
4. Total only this Page					\$ 925.00	
5. Total of ALL CRO-1205 Pages (This line must be on line 5 of Detailed Summary Page CRO-1100)					\$ 925.00	

Contributions from Individuals

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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	
COMMITTEE TO RE-ELECT ALICIA CHISOLM					UCE54C	
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	
VERA FREDERICK 1868 PENROSE DR. FAY, N.C 28304			RETIRED			
			c. Employer's Name/Specific Field			
			US ARMY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/30/2020		\$ 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	
FRANKLIN ARNOLD 1877 GOLA DRIVE FAY, N. C.28301			SAFETY INSTRUCTOR			
			c. Employer's Name/Specific Field			
			FAYETTEVILLE TECH COMMUNITY COLLEGE			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/30/2020		\$ 150.00
<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	
EDWINA CLARK 225 TIMBERLAKE DRIVE FAY, N.C 28314			RETIRED			
			c. Employer's Name/Specific Field			
			CAPE FEAR STUDIOS			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/30/2020		\$ 150.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1575.00	

Contributions from Individuals

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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	
COMMITTEE TO RE-ELECT ALICIA CHISOLM					UCE54C	
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	
WINONA C. HUMPHREY 1852 CASCADE ST FAY, N.C 28301			RETIRED			
			c. Employer's Name/Specific Field			
			CUMBERLAND COUNTY SCHOOLS			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/30/2020		\$ 200.00
<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	
ROBERT W. JAMES 3601 TINDALL COURT. FAY, N. C.28311			RETIRED			
			c. Employer's Name/Specific Field			
			FAYETTEVILLE STATE UNIVERSITY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/30/2020		\$ 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	
VALERIE WYNNE MCFARLEY 327 E. LOCH HAVEN DR. FAY, N.C 28314			DENTIST			
			c. Employer's Name/Specific Field			
			VALERIE WYNNE DENTAL CLINIC			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/30/2020		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1575.00	

Contributions from Individuals

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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	
COMMITTEE TO RE-ELECT ALICIA CHISOLM					UC E54C	
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	
ANGELA C. TOWNSEND 6001 CARYLE DR. RALEIGH N. C. 27614			SENIOR HR SUPERVIOR			
			c. Employer's Name/Specific Field			
			MARTIN MARRIETTA			
					e. Election Sum to Date	
					\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		09/30/2020		\$ 250.00
<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	
J. COUNCIL 3310 LAKE BEND DR. FAY, N. C. 28311			EDUCATOR			
			c. Employer's Name/Specific Field			
			CUMBERLAND COUNTY SCHOOLS			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		10/7/20		\$ 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	
DARSELLA FRAIZER 1817-1 SARDONYE RD. FAY, N.C. 28303			TEACHER			
			c. Employer's Name/Specific Field			
			CUMBERLAND COUNTY SCHOOLS			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		10/07/20		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1575.00	

Contributions from Individuals

Pg 4 of 4

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	
COMMITTEE TO RE-ELECT ALICIA CHISOLM					UCE54C	
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	
JONATHAN MCCANTS 614 MCLAMB DR FAY N.C. 28301			RETIRE			
			c. Employer's Name/Specific Field			
			US ARMY			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		10/0720		\$ 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	
MARY A. BLACK 4895 CLINTON RD FAY, N. C.28312			EDUCATOR			
			c. Employer's Name/Specific Field			
			CUMBERLAND COUNTY SCHOOLS			
					e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		10/7/20		\$ 75.00
<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	
LOLETA WOOD FOSTER 490 WINDWOOD DR. FAY, N.C 28303			RETIRED.			
			c. Employer's Name/Specific Field			
			CUMBERLAND COUNTY SCHOOLS			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
<input type="checkbox"/>	1	CHECK		10/14/20		\$ 150.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1575.00	

Disbursements

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Amendment
☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO RE-ELECT ALICIA CHISOLM					2. ID Number UCE54C	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i> <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) JJ JONES THE FAY PRESS PO BOX 9166 FAYETTEVILLE NC 28311			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 1	g. Form of Payment CHECK	h. Purpose Code A	i. Date (mm/dd/yyyy) 10/07/2020	j. Amount \$150.00	k. Required Remarks NEWSPAPER AD	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) INTERNATIONAL MINUTEMAN PRESS 1005 ARSENAL AVE FAY, N. C. 28310 910818-7287			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 1481.80	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code 1	g. Form of Payment CHECK	h. Purpose Code B	i. Date (mm/dd/yyyy) 09/28/20	j. Amount \$1,481.80	k. Required Remarks FLYERS	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) INTERNATIONAL MINUTEMAN PRESS 1005 ARSENAL AVE FAY, N.C. 28310 910 818 7287			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify)		e. Election Sum to Date \$ 3826.77	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code 1	g. Form of Payment CREDIT CARD	h. Purpose Code B	i. Date (mm/dd/yyyy) 10/05/20	j. Amount \$129.18	k. Required Remarks POST CARDS	
				\$		
5. Total only this Page					\$ 1,760.98	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4,284.81	
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)						

Disbursements

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Amendment
☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable) COMMITTEE TO RE-ELECT ALICIA CHISOLM					2. ID Number UCE54C	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
<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	
INTERNATIONAL MINUTEMAN PRESS 1005 ARSENAL AVE FAYETTEVILLE, N.C. 28310 910 818 7287						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 4135.81	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	DEBIT CARD	B	10/08/20	\$309.04	POSTCARDS	
				\$		
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	
INTERNATIONAL MINUTEMAN PRESS 1005 ARSENAL AVE FAY, N. C. 28310 910818-7287						
			c. Level Registered (Specify)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$ 3697.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
1	CHECK	B	09/28/20	\$2,214.79	POSTAGE	
				\$		
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)			
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
					e. Election Sum to Date	
					\$	
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					\$ 2523.83	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 4284.81	
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)						