	Amer	ıdment	
Disclosure Report Cover	\boxtimes	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

Do not use this form		te information							
1. Committee Inform	mation								
a. Full Name								c. ID Numbe	r
COMMITTEE TO R	RE-ELE	CT ALICIA CHISO	DLM						UCE54C
b. Mailing Address (inclu	ade City,	State and Zip Code)						d. Date Filed	
1855 CASCADE ST FAYETTEVILLE N		01-3774							02/09/2021
TATETTEVILLEN	i.C. 203	01-3774						e. Phone Nu	mher
								9	10488-7820
2. Report Year	3. Perio	od Start Date (mm/c	ld/yy)	4. Period (mm/dd/yy)	End Da	te	5. Treasurer Full	Name	
2020		10/18/2020			1/2020		VERA STUKES		
6. Type of Committe	ee (Che	ck One)	9 Tv	pe of Report	(0	heck o	nly one type of report	from one cat	agonyl
Candidate Campa		Party	Munici		10	State/0		Referendum	
PAC	· -	Referendum		Organizational			Organizational		izational
Independent				S consist of the section		Ш			
Expenditure	L	Joint Fundraiser		Thirty-five day	<i>'</i>		Quarterly	Pre-re	ferendum
Legal Expense Fu			_			_		_	
7. Type of Fund	(if appli	cable, check one)	lЦ	Pre-primary		Ш	First	Final	
Booster Fund"				Pre-election		Ц	Second		emental Final
Building Fund				Pre-runoff			Third	Annua	
				Semi-annual		\boxtimes	Fourth	Special Special	ıl
Culture.			ΙH	Mid Year			Semi-annual	10 0 1	
Other:			ΙH	Year End		H	Mid Year	10. Specia	l Report Name
0 N CE		11.5	11	Final		H	Year End		
8. Number of Fundr	raisers	inis Report		Special			Final		
	0					Ш	Special	1	
11. Account Informa					11. Ac	count	Information		
a. Financial Institution F	00/10/20/00/09				a. Fina	ncial Ins	titution Full Name		
FIRST CITIZENS B									
b. Purpose		c. Account Code			b. Purp	ose		c. Account	Code
CAMPAIGN EXP		1							
		d. Period Begin Balanc	e					d. Period I	Begin Balance
	0	\$ 5465.29						s	
CERTIFICATION									
I certify that the Com	mittee i	or Fund is in compl	ance wi	ith all annlica	hle pro	vicione	of Article 22 A 22B	& 22D 22M	of Chapter 162 of
the NC General Statu	ites and	that no funds are co	mming	led with prob	ibited c	r other	non-disclosed funds	I further cert	ify that this report
is complete, true and	correct	and that I have been	n trained	by the NC S	tate Bo	ard of	Elections	Trunci con	ny mat mis report
VERA STU				7/	lik		(-fr /)	02/09/2021	
		Name of Signer		_ <u> </u>	ignature o	f Appoi	nted Treasurer		Date
FOR OFFICE USEO	MIN.	M SCW TS			/	NA			
Date Received		980		Employee:		1 X	5	Delivery Met	hod
Date Received	000	0 0 2021		Employee.		1		☐ Norma	l Mail
Date Postmarked	1: FEB	0 9 2061 -		Employee:					ered Mail
				piojee.					Delivered
Date Scanned: 🎚	3X8	0000000000000000000		Employee:		/I <u></u>			nically Filed
The second secon									has not received
Date Data Entere	ed:			Employee:		-	-	manda	tory training
Please Note: This	s form c						s the committee addr	ess, treasurer,	assistant treasurer,
		custodi	an of bo	oks informat	ion, or	accoun	t information.		

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Amendment \boxtimes Yes No

Detailed SummaryUse this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable) 2. Ty	pe of Report	information,	3. ID Number
	Quarter		UCE54C
Start of Election Cycle: January 1, 20	017	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 5465.29	\$ 250.10
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 565.00	\$ 1490.00
6) Contributions from Individuals	(CRO-1210)	\$ 2500.00	\$ 4075.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$ 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 d	md 11e)	\$ 3065.00	\$ 12,565.00
<u>EXPENDITURES</u>	1 1		
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 3101.49	\$ 7386.30
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 28.40	\$ 28.40
15) Loan Repayments	(CRO-1420)	\$ 2000.00	\$ 2000.00
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 320.68	\$ 320.68
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 ar	nd 17)	\$ 5450.57	\$ 9735.38
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract lin	ne 18)	\$ 3081.21	\$ 3081.21
ADDITIONAL INFORMATION		3079.72	3079.72
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$ 5000.00	
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)	\$	\$

Aggrega	he 1st	Contribution		Page	<u>1</u> of	1	Amendment ☐ Yes ☑ No
Optional fo	cas mar	ked to	duals of \$		05000	_	
1. Commit	Remove.	With				2 ID	Number
Committee +	at remo	upd T				2. ID	Number
4th Quarter	+ 505°	o so did this fine.					UCE54C
3. Contrib		50 010					
	Amena	I this time.		d. In-Kind Description	e. Date (mm/dd/yyyy	y)	f. Amount
A R					10/23/20)20	\$ 50.00
F F					10/23/20	020	\$ 50.00
			4		10/23/20	020	\$ 50.00
Remove	1	CHECK			10/23/20	020	\$ 50.00
Add Remove	1	СНЕСК			10/23/20	020	\$ 25.00
Add Remove	1	CHECK			10/23/20	020	\$ 20.00
Add Remove	1	СНЕСК			10/23/20	020	\$ 20.00
Add	1	CHECK			10/23/20	020	\$ 50.00
Remove Add	1	CHECK			10/27/20		\$ 25.00
Remove Add	1	CHECK			10/27/20		\$ 50.00
Remove Add	1	CHECK					29
Remove Add	1721				10/27/20		\$ 25.00
Remove Add	1	CASH			11/02/20		\$ 50.00
Remove Add	1	CHECK			11/02/20	020	\$ 50.00
Remove	1	CHECK			11/02/20	020	\$ 50.00
Add	1	CHECK			11/02/20	020	\$ 50.00
Remove Add							
☐ Remove							\$
Add				52			
Remove							\$
Add							6
Remove							\$
Add							\$
Remove							Ψ
Add							\$
Remove Add							
Remove			1				\$
Add							
Remove							\$
4. Total only th						\$	565.00
5. Total of AL		ages mmary Page CRO-1100)				\$	565.00

Use this f	form to report indi	vidual contributions of	over \$50	or cont	ribution	s unde	r \$50 if form CF	RO 1205 is no	ot used	
1. Comm	ittee Full Name	and Fund if applica	ble)					2. ID Nun	nber	
COMMI	TTEE TO RE-ELI	ECT ALICIA CHISO	LM							
3. Contri	ibutor Informatio	on		Add		Rem	iove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job	Title/Prof	ession		d. Commen	ts	
(include	city, state, & zip)			ATTO	ORNEY	R .				
BENTIN	A TERRY									
AND AND ADDRESS OF THE PARTY OF	MORIAL DR.						ecific Field			
ATLANT	ΓA, GA			GEO	RGIA P	OWEF	3			
30317								e. Election S	Sum to Date	
								\$	2,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Desc	ription		j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK					10/23	/20	\$	2,500.00
									\$	
									\$	
3. Contri	ibutor Informatio	on		Add		Rem	iove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job	Title/Prof	ession		d. Commen	ts	
(include	city, state, & zip)									
				c. Emp	loyer's Na	me/Spe	cific Field			
									. ta	
								e. Election S	Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Desc	ription		j. Date (mm/dd/y	ууу)	k. Amount	
									\$	
									\$	
									\$	
3. Contri	ibutor Informatio	on		Add		Rem	iove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job	Title/Prof	ession		d. Commen	ts	
(include	city, state, & zip)									
				c. Emp	loyer's Na	me/Spo	ecific Field	-		
								771		
								e. Election S	Sum to Date	
								\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Desc	ription		j. Date (mm/dd/y	ууу)	k. Amount	
									\$	
									\$	
									\$	
4. Tota	l only this Pag	e						\$		2,500.00
	of ALL CRO							\$		2,500.00
(This lin	e must be on line 6 of	Detailed Summary Page (CRO-1100))				_		_,000.00

Contributions from Individuals

Amendment

Yes

No

 \boxtimes

	ents report expenditures coordinated party ex		ee for;	operating exp	Pg penses,	1 contribution	of <u>1</u> is to ca	ndidate	Amendment Yes e/political		No
The state of the s	ull Name (and Fun		140						2. ID Number		
	TO RE-ELECT ALI								UCE5		-
3. Type of Disbu	ursement (Plea	se use separate C	RO-13	310 forms for	each ty	pe of Disbu	ırsemei	nt.)		A DUE	
Operating E		Contributions to Car	EV FR						Party Expenditures	3	
4. Payee Inform	ation		Add			Remove	ALL I			-	
a. Full Name, Maili	ng Address & Phone		b. Co	ordinated Com	nittee Na	ame		d. Com	ments		
(include city, state,	& zip)										
INTERNATION	NAL MINUTEMAN	PRESS									
1005 ARSENA			c. Lev	el Registered (S	pecify)						
FAYETTEVILI	LE, NC			Federal	Ц	County:					
28311				State		Municipality	y:	e. Electi	ion Sum to Date		
								\$			
f. Account Code	g. Form of Payment	h. Purpose Code		Da 4 . (/d 1/				. n	. ID I		
1. Account Code	g. Form of Payment	n. i ui pose Code	1, 1	Date (mm/dd/yy	уу)	j. Amount			ired Remarks		
1	DEBIT CARD	В	1	0/26/20		\$213.99		PO51	CARDS		
						\$					
4 D T. C			A 11								
4. Payee Inform			Add		in N	Remove		1.0			State .
W	ng Address & Phone		b. Co	ordinated Com	nittee Na	ıme		d. Com	ments		
(include city, state, ALYSSA TOW											
6001 CARLYL			c I a	el Registered (S	ingoifu)		_				
RALEIGH, NC	E DRIVE			Federal	респу	County:					
27614			lΗ	State	H	Municipality	<i>,</i> .	e Electi	ion Sum to Date		
2,01,				o.m.v				1000	on oun to but		
								\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i, 1	Date (mm/dd/yy	уу)	j. Amount		k. Requ	ired Remarks		
1	CHECK	Α	1	1/10/20		\$2,598.00		CAME	PAGIN SITE		
1	CHECK	A	1	1/10/20		\$2,396.00		DESIC	GN		
						\$					
4. Payee Inform	ation		Add		П	Remove	100	3 8 3			
	ng Address & Phone			ordinated Com	nittee Na			d. Com	ments		
(include city, state,											
CJK CUSTOMS											
2110 MURCHI	SON RED		c. Lev	el Registered (S	specify)						
FAY. N.C. 283	01			Federal		County:					
				State		Municipality	y:	e. Electi	ion Sum to Date		
910488-1288								\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. 1	Date (mm/dd/yy	уу)	j. Amount		k. Requ	ired Remarks		
1	CREDIT CARD	В	1	0/29/20		\$289.50		T-SHI	RTS		
						\$					
5. Total only th	is Page	N. H. of the last						\$	3,101.49		
	CRO-1310 Pages							Ψ	3,101.47		
	line 13a of Detailed Sun	ımary Page CRO-110	0 if Ope	rating Expenses)			^			
I	line 13b of Detailed Sun	55 S4		277 177 1		al Comm)		\$	3,101.49		
(This line goes in	line 13c of Detailed Sun	mary Page CRO-110	o if Coo	rdinated Party E	xpenditu	res)					
	es (List detailed ex										
A* - Media	B* - Printing	C* - Fund				D - To					
E - Salaries I - Postage	F* - Equipment J - Penalties	G - Politic K* - Offic							Office Expenses al Expense Fun		
		0111				ν		2050	Lapense Full	**	

CRO-1310

O* - Other

* Codes require detailed explanation in required remarks field (k)

Aggregated	Non-Media	Expenditures
------------	-----------	---------------------

1	_1_	Amendment
Page	of	☐ Yes ☐ No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

		and Fund if applical	ole)		2. ID Number	
COMMITTE	EE TO RE-ELECT	ALICIA CHISOLM			UCE54C	
	formation	1 p ep	lan a i			
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
Add Remove	1	CHECK	0	11/04/2020	\$ 28.40	PAYMENT TO BANK FOR CHECKS
Add Remove				8	\$	
Add Remove					\$	
Add Remove					\$	
Add					\$	
Remove Add					2	
Remove					\$	
Add Remove					\$	
Add					\$	
Remove Add					\$	
Remove Add					3	
Remove					\$	
Add Remove					\$	
Add						
Remove					\$	
Add Remove					\$	
Add					s	
Remove Add					•	
Remove					\$	
Add Remove					\$	
Add					\$	
Remove Add					12	
Remove					\$	
Add Remove					\$	
Add Pamova					\$	
A. Total	only this Page				\$	28.40
	of ALL CRO-				,	
(This line n	nust be on line 14 of	Detailed Summary Page			\$	28.40
6. Purpo	se Codes (List	detailed expendi	ture code in (d	l) above)		
	B* .	- Printing	C* - Fundrais	sing D-T	o Another Candida	
E - Salaı	The state of the s	Equipment	G - Political P	arty H*-	Holding Public O	ffice Expenses
I - Posta O* - Ot		Penalties	K* - Office E	xpenses Q*-	Donations to Lega	al Expense Fund
		ed explanation in	required rema	rks field (g)		
- 230	1	1	1 Toma	(8/		

Use this form to report refunds/rei	mbursements, including contribution	ns returned to the contrib	utor.			
1. Committee Full Name (and Fu	ınd if applicable)			2. ID Number		
Committee to Re-elect Alicia Chisolm				UCE54C		
3. Payee Information	L Ad					
a. Full Name, Mailing Address & Phone		d. Type of Committee		h. Original Receipt Date		
(include city, state, & zip)		Candidate	PAC	09/28/2020		
ALICIA CHISOLM 1855 CASCADE DRIVE		Referendum	Party	101118		
FAYETTEVILLE, NC		e. Level Registered (Specify Federal		i. Original Receipt Amount		
28301		State	County: Municipality:	\$ 279.01		
		f. Purpose Code		j. Election Sum to Date		
		O		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code		
CANDIDATE				1		
I. Form of Payment m. Required I	Remarks		n. Date (mm/dd/yyy	y) o. Amount		
CHECK REIMBURSE	MENT FOR OFFICE SUPPLIES		11/10/2020	\$ 279.01		
3. Payee Information	☐ Ad	ld Remove				
a. Full Name, Mailing Address & Phone		d. Type of Committee		h. Original Receipt Date		
(include city, state, & zip)		☐ Candidate	PAC	10/14/2020		
VERA STUKES		Referendum	Party	00000 1 0 W 10 May 10 M		
1868 PENROSE DRIVE		e. Level Registered (Specify	<i>i</i>)	i. Original Receipt Amount		
FAYETTEVILLE, NC		Federal 🖂	County:	\$ 41.67		
28304		State	Municipality:			
		f. Purpose Code		j. Election Sum to Date		
		0		\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code		
CAMPAIGN TREASURER				1		
I. Form of Payment m. Required I	Remarks		n. Date (mm/dd/yyy	y) o. Amount		
CHECK REIMBURSEN	MENT OF OFFICE SUPPLIES			s		
3. Payee Information	☐ Ad	ld Remove				
a. Full Name, Mailing Address & Phone		d. Type of Committee		h. Original Receipt Date		
(include city, state, & zip)		Candidate	PAC			
		Referendum	Party			
		e. Level Registered (Specify	·)	i. Original Receipt Amount		
		Federal State	County: Municipality:	\$		
		f. Purpose Code		j. Election Sum to Date		
				\$		
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code		
,						
I. Form of Payment m. Required I	Remarks	1	n. Date (mm/dd/yyy	y) o. Amount		
				S		
4. Total only this Page				\$ 320.68		
5. Total of ALL CRO-1320 Page	- mil 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Dele se di			
	S (This line must be on line 16 of Detailed)	Summary Page CRO-1100)		\$ 320.68		
L - Returned to Contributor P* - Reimbursement of In-Kind	M - Overpayment for Service O* Other		Contribution Limit	\$ 320.08		

Refunds/Reimbursements From the Committee

Amendment

Yes 🖂

No

Amendment **Loan Proceeds** \boxtimes Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information Yes No of

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID N	ID Number		
COMMITTEE TO RE	E-ELECT ALICIA CHISOLM				UCE54C		
3. Lender Informatio		Add			Remove		
a. Full Name, Mailing Add		b. Job Title/Profess	ion		d. Comments		
(include city, state, & zij	p)	CAMBIDATE					
ALICIA CHISOLM 1855 CASCADE DRI	VE	CANDIDATE			St. 1D 1 (/IV)		
FAYETTEVILLE, NO		c. Employer's Nam	a/Specific Field		e. Start Date (mm/dd/yyyy)		
INTERTECTION, N		RETIRED	e/Specific Field		09/30/2020		
		RETIRED			f. End Date (mm/dd/yyyy)		
					I Ziid Ziilo (iiiiii dayyyy)		
g. Rate	h. Security Pledged	i. Account Code	j. Form of Pa	yment	k. Amount		
0 %		1	CHECK		\$ 7000.00		
l. Full Name of Lending In	stitution	=		m.	Loan Number		
SELF							
4. Endorsers/Makers	(The people who guarantee th						
a. Full Name, Mailing Add		b. Job Title/Prof	ession	c. E	Employer's Name/Specific Field		
(include city, state, & zij	9)						
2							
				- 1			
1		d. Percentage		e. A	Amount		
				% \$			
a. Full Name, Mailing Add		b. Job Title/Prof	ession	c. F	Employer's Name/Specific Field		
(include city, state, & zij	p)						
		d. Percentage		e A	Amount		
		urrentage			XIII OUIL		
				% \$			
a. Full Name, Mailing Add		b. Job Title/Prof	ession	c. F	Employer's Name/Specific Field		
(include city, state, & zip	D)						
		(6)					
		d. Percentage		e. A	Amount		
				% \$			
a. Full Name, Mailing Add	ress & Phone	b. Job Title/Prof	ession	c. F	Employer's Name/Specific Field		
(include city, state, & zip	n)						
		d. Percentage			Amount		
1		u. reteemage			unoulit		
				% \$			
5. Total of ALL C	RO-1410 Pages			Si Silavi	2		
	9 of Detailed Summary Page CRO-1100	0)			\$ 7000.00		

Y	V	200
Loan	Repaymen	10
LOGII	repaymen	13

Amendment
Pg 1 of 1 ☐ Yes ☒ No

Boun Repugments			Pg <u>I</u> (of <u>I</u> res No
Use this form to report payments on an existing loan.				
1. Committee Full Name (and Fund if applicable)				2. ID Number
COMMITTEE TO RE-ELEC	CT ALICIA CHISOLM			UCE54C
3. Lender Information Add Remove				
a. Full Name, Mailing Address & Phone			b. Comments	
(include city, state, & zip)				
ALICIA CHISOLM				
1855 CASCADE DRIVE				c. Original Loan Date
FAYETTEVILLE, NC 28301				09/30/2020
				d. Original Loan Amount
				\$ 7000.00
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$ 5000.00	1	CHECK	11/10/2020	\$ 2000.00
\$				\$
3. Lender Information		Add	Remove	
a. Full Name, Mailing Address & I	Phone			b. Comments
(include city, state, & zip)				
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
3. Lender Information		Add	Remove	
a. Full Name, Mailing Address & Phone				b. Comments
(include city, state, & zip)				
				0:: 11
				c. Original Loan Date
				d. Original Loan Amount
				\$
e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
\$				\$
\$				\$
4. Total only this Page				\$ 2000.00
5. Total of ALL CRO-1420 Pages				\$ 2000.00

(This line must be on line 15 of Detailed Summary Page CRO-1100)