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: Carlos Swinger 4 city council

c. ID Number: 2CETA3

b. Mailing Address (include City, State and Zip Code):
3702 Standard Dr
Fayetteville, NC 28306

d. Date Filed: 28OCT19

e. Phone Number: 910-302-8766

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2019	9/4/2019	10/21/2019	Carlos Swinger

6. Type of Committee (Check One)

- ☑ Candidate Campaign
- ☐ PAC
- ☐ Independent Expenditure
- ☐ Legal Expense Fund
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

9. Type of Report *(check only one type of report from one category)*

Municipal

- ☐ Organizational
- ☐ Thirty-five day
- ☐ Pre-primary
- ☐ Pre-election
- ☐ Pre-runoff
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

State/County

- ☐ Organizational
- Quarterly
  - ☐ First
  - ☐ Second
  - ☐ Third
  - ☐ Fourth
- Semi-annual
  - ☐ Mid Year
  - ☐ Year End
- ☐ Final
- ☐ Special

Referendum

- ☐ Organizational
- ☐ Pre-referendum
- ☐ Final
- ☐ Supplemental Final
- ☐ Annual
- ☐ Special

RECEIVED
OCT 28 2019
5:04 pm
RW

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: First Citizen Bank

b. Purpose: Campaign Expenses

c. Account Code:

d. Period Begin Balance: $ 100.00

11. Account Information

a. Financial Institution Full Name: First Citizen Bank

b. Purpose:

c. Account Code:

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.

Carlos Swinger
Printed Name of Signer

Signature of Appointed Treasurer

10/28/19
Date

FOR OFFICE USE ONLY

Date Received:	10-28-19	Employee:	RW
Date Postmarked:	5:04 p.m.	Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	

Delivery Method
- ☐ Normal Mail
- ☐ Registered Mail
- ☑ Hand Delivered
- ☐ Electronically Filed

☐ Signer has not received mandatory training

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 ☐ Yes ☐ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable) Carlos Swinger 4CityCount		2. Type of Report Pre Election	3. ID Number 2CEJA3
Start of Election Cycle: January 1, ______		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 100	$ 100
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ ~~110~~ 110	$ 110
6) Contributions from Individuals	(CRO-1210)	$ 500	$ 500
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$	$
9) Loan Proceeds	(CRO-1410)	$ 1230	$ 6036.83
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)		$ ~~1230.~~ 1840	$ 6,646.83
EXPENDITURES			
13) Disbursements		▨	▨
13a) Operating Expenditures	(CRO-1310)	$ 1840	$ 6646.83
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)		$ 1840	$ 6646.83
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 100	$ 100
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)	$	$

Disbursements

Pg 1 of 3 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)	2. ID Number
Carlos Swinger	ZCETA3

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Laura J. Hardy Consulting
100 Hay St #407
Fayetteville, NC 28301

b. Coordinated Committee Name:

c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:

d. Comments:

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
	e-cash	E	10/10/2019	$ 750.00	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Joe McGee
Mobile Marketing
Fayetteville, NC 28301

b. Coordinated Committee Name:

c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:

d. Comments: P2P mobile Text App

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
	e-cash	A	10/10/2019	$ 350	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

William Money
VOICE Broadcast
300 53RD St. Suite #4
West Palm Beach, FL 33407

b. Coordinated Committee Name:

c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:

d. Comments: Phone Banking

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
	e cash	A	10/07/2019	$ 350.00	
				$	

5. Total only this Page	$ 1,450.00
6. Total of ALL CRO-1310 Pages *(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)*	$ 1840.-

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

Pg 2 of 3

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) Carlos Swingyn

2. ID Number ZCETA3

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☑ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Christian Graves

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:

d. Comments Canvassing

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
	e-cash	E	10/1/2019	$ 40.–	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Jodecci Hardy

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:

d. Comments Canvassing

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
	e-cash	E	10/1/2019	$ 40.–	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) Celma Graves

b. Coordinated Committee Name

c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ Municipality:

d. Comments canvassing

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
	e-cash	E	10/1/2019	$ 30.–	
				$	

5. Total only this Page $ 110.00

6. Total of ALL CRO-1310 Pages $ 1840.–

(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)

Disbursements

Pg 3 of 3

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)	**2. ID Number**
Carlos Swinger	2CETA3

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☐ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CHRistian GRAves		canvassing
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ 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
	e-CASh	E	10/3/2019	$ 60.–	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Jodecci Hardy		Poll work
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ 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
	e-CASh	E	10/8/2019	$ 100.–	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Celma GRAves		Poll work
	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☑ 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
	e-CASh	E	10/8/2019	$ 120.–	
				$	

5. Total only this Page	$ 280.–
6. Total of ALL CRO-1310 Pages *(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)*	$ 1840.–

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)

Aggregated Contributions from Individuals

Page 1 of 1

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
Carlos Swinger 4 City Council	ZCETA3

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☑ Add ☐ Remove		e-CASH		9/24/2019	$ 50.—
☑ Add ☐ Remove		e-CASH		9/24/2019	$ ~~50.~~ $10.—
☑ Add ☐ Remove		e-CASH		10/11/2019	$ 50.—
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$

4. Total only this Page	$ 110.—
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 110.00

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)
Carlos Swinger 4 city Council

2. ID Number
2CETA3

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Lee Beavers
1960 Culpepper Ln
Fayetteville, NC

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

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
☐		e-cash		10/11/2019	$ 100.—
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Cape Fear Aesthetics
2053 Valleygate Dr
Fayetteville, NC 28304

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

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
☐		e-cash		10/12/2019	$ 100.—
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Kevin Farmer
6799 Woodbridge Way
Fayetteville, NC

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

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
☐		e-cash		10/16/2019	$ 100.—
☐					$
☐					$

4. Total only this Page	$ 300.—
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 500.—

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): Carlos Swinger 4 City Council

2. ID Number: ZCETA3

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Terry House
6438 Sherman Dr
Fayetteville, NC

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

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
☐		e-cash		10/16/2018	$ 100.—
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

James Pilgrim
~~6638 [illegible] Dr~~
3521 Haworth Dr
Raleigh, NC

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

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
☐		e-cash		10/18/2018	$ 100.—
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession:

c. Employer's Name/Specific Field:

d. Comments:

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
☐					$
☐					$
☐					$

4. Total only this Page	$ 200.—
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 500.—

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

Kim Westbrook Strach
Executive Director

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

Loan Proceeds Statement

This Statement is used to report detailed information about a new loan and is required to accompany the Loan Proceeds Form in the report for which the loan is initially disclosed. If the loan is from an individual, the lender's signature is required on this form.

This Statement is to be filed with the Election Board where the committee's reports are filed.

- **Name of committee to receive loan:** Carlosswinger4citycouncil
- **Person or committee to make loan:** Carlos & Mary Swinger
- **Date of loan to committee:** 10/8/2019
- **Name of lending institution and account number (source):**
- **Amount of loan:** 1230.—
- **Description (if in-kind loan):**
- **Names of all parties responsible for payment of loan (guarantors):** Carlos Swinger
- **Period of loan:**
- **Rate of interest of loan:** 0
- **Security pledged for loan:** 0

I, Carlos Swinger (Person lending money to committee), acknowledge that all of the information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Signature of Lender — Date Signed: 10/8/2019

Signature of Treasurer of Committee — Date Signed: 10/8/2019