| Disclosure R                            | ( <del></del>  |                            |                    | 1 20 4 1             | Amendment Yes No  |
|---|--|----------------------------|--------------------|----------------------|---|
|   | eneral report and committee<br>in to update information  | information, must t        | be signed and su   | ibmitted along with  | n other detailed forms.   |
| 1. Committee Info                       |  |                            | 50 BO W. 1867      |                      |   |
| a. Full Name                            |  |                            |                    |                      | c. ID Number  |
| COMMITTEE TO                            | ELECT CHALMERS L. M  | CSOUGALD                   |                    |                      | KCE 4J3   |
| b. Mailing Address (in                  | clude City, State and Zip Code)  |                            | zipik I n          | Samma Halanda        | d. Date Filed   |
| 1826 EICHELBER<br>FAYETTEVILLE,         |  |                            |                    |                      | 09/28/2015  |
|   | 110 20000  |                            |                    |                      | e. Phone Number   |
|   |  |                            |                    |                      | 910-488-4635  |
| 2. Report Year                          | 3. Period Start Date (mm/  | dd/yy) 4. Period (mm/dd/yy | d End Date         | 5. Treasurer F       | 'ull Name   |
| 2015                                    | 06/31/2015   | 09                         | /22/2015           | ALVIN MARS           | SHALL   |
| 6. Type of Commit                       | ttee (Check One)   | 9. Type of Repo            | rt (check o        | only one type of rep | oort from one category)   |
| Candidate Camp                          | oaign 🔲 Party  | Municipal                  | State              | /County              | Referendum  |
| PAC                                     | Referendum   | Organization               | nal 🔲              | Organizational       | Organizational  |
| Independent Expenditure Legal Expense I | Joint Fundraiser   | Thirty-five of             | lay                | Quarterly            | Pre-referendum  |
| 7. Type of Fund                         | (if applicable, check one)   | Pre-primary                |                    | First                | Final   |
| "Booster Fund"                          | 10 10  | Pre-election               |                    | Second               | Supplemental Final  |
| Building Fund                           |  | Pre-runoff                 |                    | Third                | Annual  |
|   |  | Semi-annual                |                    | Fourth               | Special   |
|   |  | Mid Yo                     |                    | Semi-annual          |   |
| Other:                                  |  | Year E                     | nd 📙               | Mid Year             | 10. Special Report Name   |
|   |  | Final                      |                    | Year End             |   |
| 8. Number of Fund                       | Iraisers this Report   | Special                    |                    | Final<br>Special     |   |
| 11. Account Inform                      | nation   |                            | 11. Account        | Information          |   |
| a. Finaucial Institution                | Full Name  |                            | a. Financial In    | stitution Full Name  |   |
| CARTER BANK &                           | trust  |                            |                    |                      |   |
| b. Purpose                              | c. Account Code  |                            | b. Purpose         |                      | c. Account Code   |
| CAMPAIGN ACC                            | 1  |                            |                    |                      |   |
| FOR RECEIPTS                            |  |                            | _                  |                      |   |
| AND                                     | d. Period Begin Balanc   | e                          | 4                  |                      | d. Period Begin Balance   |
| EXPENDITURES                            | \$ 491.02  |                            |                    |                      | \$  |
| CERTIFICATION                           |  |                            |                    |                      |   |
| the NC General Stat                     | mmittee or Fund is in compl<br>tutes and that no funds are co<br>d correct and that I have bee | ommingled with pro         | hibited or other   | r non-disclosed fur  | 2B, & 22D-22M of Chapter 163 of ids. I further certify that this report |
| ALVIN M.                                |  |                            | Men Mile           | Mull                 | 09/28/2015  |
|   | Printed Name of Signer   |                            | Signature of Appoi | inted Treasurer      | Date  |
| FOR OFFICE USE                          |  |                            | /                  |                      |   |
| Date Received:                          | 0.0.0016   | Employee                   | $=$ $\triangle p$  | 1gre                 | Delivery Method Normal Mail   |
| Date Postmarke                          | DEI CO   | Employee                   | · ·                |                      | Registered Mail Hand Delivered  |
| Date Scanned:                           |  | Employee                   |                    |                      | Electronically Filed Signer has not received                            |
| Date Data Enter                         | red:   | Employee                   |                    |                      | 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.

Amendment  $\boxtimes$ 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) COMMITTEE TO ELECT CHALMERS L. | 2. Type of Report         | 100  |                              | 3. <b>ID</b> Nu<br>KCE 4J3 |                           |
|--|---------------------------|------|------------------------------|----------------------------|---------------------------|
| MCDOUGALD  | DAY REPORT                | YL   | ROL 433                      | ,                          |                           |
| Start of Election Cycle: January 1,  | 2015                      | Rep  | Total this<br>porting Period |                            | Total this Election Cycle |
| 4) Cash on Hand at Start   |                           | \$   | 865.02                       | \$                         | 415.02                    |
| RECEIPTS   |                           |      |                              |                            |                           |
| 5) Aggregated Contributions from Individuals                                   | (CRO-1205)                | \$   | 1,020.00                     | \$                         | 1,020.00                  |
| 6) Contributions from Individuals  | (CRO-1210)                | \$ : | 5,400.00                     | \$                         | 5,850.00                  |
| 7) Contributions from Political Party Committee                                | s (CRO-1220)              | \$ ( | )                            | \$                         | 0                         |
| 8) Contributions from Other Political Committee                                | es (CRO-1230)             | \$ 2 | 200.00                       | \$                         | 200.00                    |
| 9) Loan Proceeds   | (CRO-1410)                | \$ ( | )                            | \$                         | 0                         |
| 10) Refunds/Reimbursements To the Committee                                    | (CRO-1240)                | \$ ( | )                            | \$                         | 0                         |
| 11) Other Receipt Sources  |                           |      |                              |                            |                           |
| 11a) Interest on Bank Accounts   | (CRO-1250)                | \$ ( | )                            | \$                         | 0                         |
| 11b) Contributions from Not-for-Profit Organ                                   | izations (CRO-1250)       | \$ ( | )                            | \$                         | 0                         |
| 11c) Outside Sources of Income   | (CRO-1250)                | \$ ( | )                            | \$                         | 0                         |
| 11d) Legal Expense Fund – Other Sources  | (CRO-1270)                | \$ ( | )                            | \$                         | 0                         |
| 11 e) Exempt Purchase Price Sales  | (CRO-1265)                | \$ ( | )                            | \$                         | 0                         |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 1.                       | 1b, 11c, 11d and 11e)     | \$ 6 | 6620.00                      | \$                         | 7070.00                   |
| <u>EXPENDITURES</u>  |                           |      |                              |                            |                           |
| 13) Disbursements  |                           |      |                              |                            |                           |
| 13a) Operating Expenditures  | (CRO-1310)                | \$ 4 | 1,104.68                     | \$                         | 4,104.68                  |
| 13b) Contributions to Candidates/Political Con                                 | nmittees (CRO-1310)       | \$   |                              | \$                         |                           |
| 13c) Coordinated Party Expenditures  | (CRO-1310)                | \$   |                              | \$                         |                           |
| 14) Aggregated Non-Media Expenditures  | (CRO-1315)                | \$ 0 | )                            | \$                         | 0                         |
| 15) Loan Repayments  | (CRO-1420)                | \$ 0 |                              | \$                         | 0                         |
| 16) Refunds/Reimbursements From the Committee                                  | e (CRO-1320)              | \$ 0 | )                            | \$                         | 0                         |
| 17) In-Kind Contributions  | (CRO-1510)                | \$ 0 |                              | \$                         | 0                         |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c,                               | 14, 15, 16 and 17)        | \$ 4 | ,104.68                      | \$                         | 4,104.68                  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, the                      | en subtract line 18)      | \$ 3 | ,380.34                      | \$                         | 3,380.34                  |
| ADDITIONAL INFORMATION   |                           |      |                              |                            |                           |
| 20) Non-Monetary Gifts Given to Other Committe                                 | es (CRO-1330)             | \$ 0 | ).<br>                       |                            |                           |
| 21) Outstanding Loans (incl. ones from other camp                              | paigns) <i>(CRO-1430)</i> | \$ 0 |                              |                            |                           |
| 22) Debts and Obligations owed By the Committee                                | (CRO-1610)                | \$ 0 |                              |                            |                           |
| 23) Debts and Obligations owed To the Committee                                | (CRO-1620)                | \$ 0 | Ni                           |                            |                           |
| 24) Account Transfers Within the Committee                                     | (CRO-1720)                | \$ 0 |                              |                            |                           |
| 25) Administrative Support   | (CRO-1710)                | \$ 0 | U                            | \$                         | 0                         |
| 26) Forgiven Loans   | (CRO-1440)                | \$ 0 |                              | \$                         | 0                         |
| 27) 48-Hour Notice Reports Sum   | (CRO-2200)                | \$ 0 |                              | \$                         | 0                         |
| 28) Contributions to be Refunded   | (CRO-1215)                | \$ 0 |                              | \$                         | 0                         |
| - X  |                           |      |                              | _                          |                           |

## **Aggregated Contributions from Individuals**

Page

<u>1</u> of <u>2</u>

Amendment
☐ Yes 🔀

No No

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

|              |                    |                    | nd if applicable)     |                           | 7                       | 2. ID Number |
|--------------|--------------------|--------------------|-----------------------|---------------------------|-------------------------|--------------|
|              |                    |                    | MERS L. MCDOUGALD     |                           |                         | КСЕ4Ј3       |
| 3. Con       | tributor Infor     |                    |                       |                           |                         |              |
| a. Amen      |                    | b. Account<br>Code | c. Form of Payment    | d. In-Kind<br>Description | e. Date<br>(mm/dd/yyyy) | f. Amount    |
|              | Add<br>Remove      | 1                  | CHECK 2208            |                           | 07/18/201:              | 5 \$ 50.00   |
|              | Add<br>Remove      | 1                  | CHECK 8711            |                           | 07/20/201:              | 5 \$ 25.00   |
|              | Add<br>Remove      | 1                  | CHECK 3227            |                           | 07/15/201:              | 5 \$ 25.00   |
|              | Add<br>Remove      | 1                  | CHECK 4399            |                           | 07/14/201:              | 5 \$ 25.00   |
| <del> </del> | Add<br>Remove      | 1                  | CHECK 1342            |                           | 07/14/2015              | 5 \$ 25.00   |
|              | Add<br>Remove      | 1                  | CHECK 154             |                           | 07/20/15                | \$ 25.00     |
|              | Add<br>Remove      | 1                  | CHECK 2712            |                           | 07/14/2015              | 5 \$ 50.00   |
|              | Add<br>Remove      | 1                  | CHECK 2642            |                           | 07/14/2015              | 5 \$ 50.00   |
|              | Add<br>Remove      | - 1                | CHECK 10074           |                           | 07/30/2015              | 5 \$ 50.00   |
|              | Add<br>Remove      | 1                  | CHECK 124             |                           | 08/02/2015              | 5 \$ 25.00   |
|              | Add<br>Remove      | - 1                | CHECK 1352            |                           | 07/26/2015              | 5 \$ 50.00   |
|              | Add<br>Remove      | 1                  | CHECK 8582            |                           | 07/28/2015              | 5 \$ 50.00   |
|              | Add<br>Remove      | - 1                | MO 3001715973         |                           | 07/31/2015              | 5 \$ 25.00   |
|              | Add<br>Remove      | 1                  | CHECK 141809          |                           | 08/03/2015              | 5 \$ 40.00   |
|              | Add<br>Remove      | 1                  | CHECK 2998            |                           | 08/05/2015              | 5 \$ 25.00   |
|              | Add<br>Remove      | 1                  | CHECK 3666            |                           | 08/17/2015              | 5 \$ 25.00   |
|              | Add<br>Remove      | 1                  | CHECK 1804            |                           | 08/07/2015              | 5 \$ 50.00   |
|              | Add<br>Remove      | 1                  | CHECK 1833            |                           | 08/10/2015              | 5 \$ 50.00   |
|              | Add<br>Remove      | 1                  | CHECK 11374           |                           | 08/09/2015              | 5 \$ 50.00   |
|              | Add<br>Remove      | 1                  | CHECK 3904            |                           | 08/2320/15              | 5 \$ 25.00   |
|              | Add<br>Remove      | 1                  | CHECK 3197            |                           | 08/29/2015              | 5 \$ 25.00   |
|              | Add<br>Remove      | 1                  | CHECK 1154            |                           | 09/6/2015               | \$ 15.00     |
| 4. Tot       | al only this       | Page               |                       |                           |                         | \$ 780.00    |
| 5. Tot       | al of ALL C        | CRO-1205 P         | ages                  |                           |                         | \$ 1020.00   |
| (This I      | ine must be on lin | e 5 of Detailed Su | ımmary Page CRO-1100) |                           |                         | \$ 1020.00   |

## **Aggregated Contributions from Individuals**

Amendment

No

Page 2 of Yes  $\bowtie$ 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 ELECT CHALMERS L. MCDOUGALD KCE4J3 3. Contributor Information b. Account d. In-Kind e. Date a. Amend c. Form of Payment f. Amount Code Description (mm/dd/yyyy) Add 1 **CHECK 1681** 08/28/2015 25.00 Remove Add 1 **CHECK 1154** 09/01/2015 \$ 15.00 Remove Add 1 CHECK 14189 09/07/2015 50.00 Remove Add 1 CHECK 245 09/09/2015 50.00 \$ Remove Add 1 \$ **CHECK 2203** 09/15/2015 50.00 Remove Add 1 **CHECK 6577** 09/16/2015 \$ 50.00 Remove Add \$ Remove Add Remove Add \$ Remove Add \$ Remove Add

|         | Remove         |               | 2              |
|---------|----------------|---------------|----------------|
|         | Add            |               | ¢              |
|         | Remove         |               | •              |
| 4. Tot  | al only this I | age           | \$<br>240.00   |
| 5. Tota | al of ALL C    | RO-1205 Pages | \$<br>1,020.00 |

Remove Add

Remove Add

Remove Add

Remove Add

(This line must be on line 5 of Detailed Summary Page CRO-1100)

\$

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\$

\$

|  |  | n Individuals           |         |                         | Pg                      |                   | of <u>14</u>  | ☐ Yes       | No No          |  |
|--|--|-------------------------|---------|-------------------------|-------------------------|-------------------|---------------|-------------|----------------|--|
| Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i | A CONTRACTOR OF THE PARTY OF TH | vidual contributions of |         | or contribu             | utions und              | er \$50 if form C |               |             |                |  |
| 1. Comm  | ittee Full Name (  | and Fund if applica     | ble)    |                         |                         |                   | 2. ID Nur     | nber        |                |  |
| COMMI  | TTEE TO ELECT  | CHALMERS L. MC          | DOUG    | ALD                     |                         |                   |               | KCE4J3      |                |  |
| 3. Contri  | ibutor Informatio  | on .                    |         | PARSHDAMASASA           |                         | move              |               |             |                |  |
|  | ne, Mailing Address &  | & Phone                 |         | b. Job Title/Profession |                         |                   | d. Commen     | d. Comments |                |  |
|  | city, state, & zip)  |                         |         | PASTOR                  | •                       |                   |               |             |                |  |
|  | CHELBERGER DI  | ₹.                      |         | c. Employe              | r's Name/S              | pecific Field     |               |             |                |  |
| FAYETT   | EVILLE, NC 283   | 03                      |         | SELF EN                 | MPLOYE                  | D                 |               |             |                |  |
| 910-488-   | 4635   |                         |         |                         |                         |                   | e. Election S | Sum to Date |                |  |
|  |  |                         |         |                         |                         |                   | \$            | 350.00      |                |  |
| f, Prior   | g. Account Code  | h. Form of Payment      | i. In-F | <br>Kind Descripti      | ion                     | j. Date (mm/dd/   | уууу)         | k. Amount   |                |  |
|  | 1  | CHECK                   |         |                         |                         | 07/06             | /2015         | \$          | 350.00         |  |
|  |  |                         |         |                         |                         | -                 |               | \$          |                |  |
|  |  |                         |         |                         |                         |                   |               | \$          |                |  |
| 3. Contri  | ibutor Informatio  | n                       |         |                         |                         | move              |               |             |                |  |
| The state of the s | ne, Mailing Address &  | & Phone                 |         | b. Job Title            |                         |                   | d. Commen     | ts          |                |  |
|  | city, state, & zip)<br>LINE LEWIS  |                         |         | RETIRE                  | D                       |                   |               |             |                |  |
|  | CHELBERGER DI  | ₹.                      |         | c. Employe              | r's Name/S <sub>l</sub> | ecific Field      |               |             |                |  |
|  | EVILLE, NC 283   |                         |         |                         |                         |                   |               |             |                |  |
|  |  |                         |         |                         |                         |                   | e. Election S | Sum to Date |                |  |
|  |  |                         |         |                         | \$4                     |                   | \$            | 100.00      |                |  |
| f. Prior   | g. Account Code  | h, Form of Payment      | i. In-k | Kind Descripti          | ion                     | j. Date (mm/dd/   | уууу)         | k. Amount   |                |  |
|  | 1  | CHECK                   |         |                         |                         | 07/16             | /2015         | \$          | 100.00         |  |
|  |  |                         |         |                         |                         | -                 |               | \$          |                |  |
|  |  |                         |         |                         |                         |                   |               | \$          |                |  |
| 3. Contri  | butor Informatio   | n                       |         | Add [                   | Rei                     | nove              |               |             |                |  |
|  | ie, Mailing Address &  | & Phone                 |         | b. Job Title            |                         |                   | d. Commen     | ls          |                |  |
|  | city, state, & zip) I S. SAMUEL  | 105 1 1 5               |         | RETIRE                  | D                       |                   |               |             |                |  |
| The West State of the State of | ARRON DR.  |                         |         | c. Employer             | r's Name/Sp             | ecific Field      |               |             |                |  |
|  | EVILLE, NC 283   | 03-2709                 |         |                         |                         |                   |               |             |                |  |
|  |  |                         |         |                         |                         |                   | e. Election S | oum to Date | IA T. T.       |  |
|  |  |                         |         |                         |                         |                   | \$            | 100.00      |                |  |
| f. Prior   | g. Account Code  | h. Form of Payment      | i, In-K | Kind Descripti          | on                      | j. Date (mm/dd/   | уууу)         | k. Amount   |                |  |
|  | 1  | СНЕСК                   |         |                         |                         | 07/20             | /2015         | \$          | 100.00         |  |
|  |  |                         |         |                         |                         |                   |               | \$          |                |  |
|  |  |                         |         |                         |                         |                   |               | \$          |                |  |
| 4. Total   | only this Page   | e                       |         |                         |                         |                   | \$            |             | 550.00         |  |
| 5. Total   | 5. Total of ALL CRO-1210 Pages   |                         |         |                         |                         |                   | \$            |             | 5,400.00       |  |
| (This line   | must be on line 6 of 1   | Detailed Summary Page C | RO-1100 | )                       |                         |                   |               |             | ATOMARIE TOTAL |  |

Amendment

| Contri<br>Use this f  | ibutions from             | n Individuals<br>vidual contributions c | over \$50 | P <sub>t</sub><br>or contributions un |                 | of <u>14</u><br>RO 1205 is no | Amendment Yes of used | l No   |
|-----------------------|---------------------------|---|-----------|---------------------------------------|-----------------|-------------------------------|-----------------------|--------|
|                       |                           | and Fund if applical                    |           |                                       |                 | 2. ID Nun                     | nber                  |        |
| COMMI                 | ГТЕЕ ТО ELECT             | CHALMERS L. MC                          | DOUG      | ALD                                   |                 |                               | KCE4J3                |        |
| 3. Contri             | butor Informatio          | on                                      |           | Add Re                                | emove           |                               |                       |        |
| a. Full Nan           | ne, Mailing Address &     | & Phone                                 |           | b. Job Title/Professio                | <u>n</u>        | d. Commen                     | ts                    |        |
|                       | city, state, & zip)       |   |           | RETIRED                               |                 |                               |                       |        |
| WILLIE                |                           |   |           | c. Employer's Name/S                  | Engelfic Field  | -                             |                       |        |
| STORESTONE CONTRACTOR | EPLE RUN DR.              | 16                                      |           | C. Employer s Names.                  | specific Field  |                               |                       |        |
| KAEFOR                | RD, NC 28376-541          | 10                                      |           |                                       |                 | e. Election S                 | Sum to Date           |        |
|                       |                           |   |           |                                       |                 | \$                            | 100.00                |        |
| f. Prior              | g. Account Code           | h. Form of Payment                      | i. In-k   | L                                     | j. Date (mm/dd/ | уууу)                         | k. Amount             |        |
|                       | 1                         | СНЕСК                                   |           |                                       | 07/15           | /2015                         | \$                    | 100.00 |
|                       |                           |   |           |                                       |                 |                               | \$                    |        |
|                       |                           |   |           |                                       |                 |                               | \$                    | 1      |
| 3. Contr              | ibutor Informatio         | on                                      |           |                                       | emove           |                               |                       |        |
| a. Full Nar           | ne, Mailing Address       | & Phone                                 |           | b. Job Title/Professio                | n               | d. Commen                     | ts                    |        |
|                       | city, state, & zip)       |   |           | RETIRED                               |                 |                               |                       |        |
|                       | A. HAYNES<br>THERGLEN DR. |   |           | c. Employer's Name/S                  | Specific Field  |                               |                       |        |
|                       | EVILLE, NC 283            |   |           | - Cramping of                         |                 |                               |                       |        |
| IMIDIA                | E ( IEEE, I ve zee        |   |           |                                       |                 | e. Election S                 | Sum to Date           |        |
|                       |                           |   |           |                                       |                 | \$                            | 75.00                 |        |
| f. Prior              | g. Account Code           | h. Form of Payment                      | i. In-I   | Kind Description                      | j. Date (mm/dd/ | 'yyyy)                        | k. Amount             |        |
|                       | 1                         | MONEY ORD                               |           |                                       | 07/15           | /2015                         | \$                    | 75.00  |
|                       |                           |   |           |                                       |                 |                               | \$                    |        |
|                       |                           |   |           |                                       |                 |                               | \$                    |        |
| 3. Contr              | ibutor Informati          | on                                      |           |                                       | emove           | 1.0                           | •                     |        |
|                       | ne, Mailing Address       | & Phone                                 |           | b. Job Title/Professio                | on              | d. Commen                     | ts                    |        |
|                       | city, state, & zip)       |   |           | RETIRED                               |                 |                               |                       |        |
|                       | N GODETTE<br>YWOOD ROAD   |   |           | c. Employer's Name/                   | Specific Field  |                               |                       |        |
|                       | EVILLE,NC 283             | 12                                      |           |                                       |                 |                               |                       |        |
| 910-987-              |                           |   |           |                                       |                 | e. Election                   | Sum to Date           |        |
|                       |                           |   |           |                                       |                 | \$ .                          | 150.00                |        |
|                       |                           | L Form of Dovment                       | T         | Kind Description                      | i. Date (mm/dd  | (manus)                       | k. Amount             |        |

f. Prior g. Account Code \$ 150.00 07/15/2015 **CHECK** 1 \$ \$ 325.00 4. Total only this Page \$ 5. Total of ALL CRO-1210 Pages \$ 5,400.00 (This line must be on line 6 of Detailed Summary Page CRO-1100)

|  |                                     | n Individuals                               | 651     |                  | Pg                        | 3 of                 |                | Amendment Ves | ⊠ No   |
|--|-------------------------------------|---|---------|------------------|---------------------------|----------------------|----------------|---------------|--------|
|  |                                     | vidual contributions of and Fund if applica |         | or contr         | ibutions und              | er \$50 ii ioiiii CK | 2. ID Num      |               |        |
|  |                                     | CHALMERS L. MC                              |         | ALD              |                           |                      |                | KCE4J3        |        |
| 3. Contr   | ibutor Informatio                   | on  |         | Add              | ☐ Rei                     | move                 |                |               |        |
|  | ne, Mailing Address &               |   |         | 2017/06/08/09/19 | itle/Profession           |                      | d. Comments    | 3             |        |
|  | city, state, & zip)                 |   |         | RETIF            | RED                       |                      |                |               |        |
| THE RESERVE OF THE PROPERTY OF THE PERSON OF | LCHRIST MCLEA                       | AN  |         | e Emple          | yer's Name/Sj             | pecific Field        |                |               |        |
| 535 ANC<br>FAYETT  | EVILLE, NC 283                      | 14  |         | Crisinpic        | yer s rumer of            |                      |                |               |        |
| 910-487-   |                                     |   |         |                  |                           |                      | e. Election St | ım to Date    |        |
|  |                                     |   |         |                  |                           |                      | \$             | 100.00        |        |
| f. Prior   | g. Account Code                     | h. Form of Payment                          | i. In-F | Kind Descri      | iption                    | j. Date (mm/dd/yy    | yy)            | k, Amount     |        |
|  | 1                                   | CHECK 2909                                  |         |                  |                           | 07/15/20             | 015            | \$            | 100.00 |
|  |                                     |   |         |                  |                           |                      |                | \$            |        |
|  |                                     |   |         |                  |                           |                      |                | \$            |        |
| 3. Contri  | ibutor Informatio                   | on  |         | Add              | ☐ Rei                     | move                 |                |               |        |
|  | ne, Mailing Address &               | & Phone                                     |         |                  | itle/Profession           |                      | d. Comments    | 1             |        |
|  | city, state, & zip) S T. MCMILLAN   |   |         | PAST             | JR .                      |                      |                |               |        |
| 26 DURI  |                                     |   |         | c. Emplo         | yer's Name/S <sub>l</sub> | pecific Field        |                |               |        |
|  | LAKE, NC 28390                      | )   |         | SELF-            | EMPLOYE                   | D                    |                |               |        |
| 910-436-   | 3782                                |   |         |                  |                           |                      | e, Election St | ım to Date    |        |
|  |                                     |   |         |                  |                           |                      | \$             | 100.00        |        |
| f. Prior   | g. Account Code                     | h. Form of Payment                          | i. In-I | Kind Descr       | iption                    | j. Date (mm/dd/yy    | yy)            | k. Amount     |        |
|  | 1                                   | CHECK 9199                                  |         |                  |                           | 07/13/2              | 015            | \$            | 100.00 |
|  |                                     |   |         |                  |                           |                      |                | \$            |        |
|  |                                     |   |         |                  |                           |                      |                | \$            |        |
| 3. Contri  | ibutor Informatio                   | on  |         | Add              | Rei                       | move                 |                |               |        |
|  | ne, Mailing Address &               | & Phone                                     |         |                  | itle/Profession           |                      | d. Comments    | 3             |        |
|  | city, state, & zip)<br>M H. MCDOUGA | T   |         | AUDI             | TOR                       |                      |                |               |        |
|  | M H. MCDOUGA<br>INTRY CLUB DR       |   |         | c. Emplo         | yer's Name/Sp             | pecific Field        |                |               |        |
|  | EVILLE. NC 283                      |   |         |                  |                           |                      |                |               |        |
| 910-488-   | 7311                                |   |         |                  |                           |                      | e. Election St | ım to Date    |        |
|  |                                     |   |         |                  |                           |                      | \$             | 100.00        |        |
| f. Prior   | g. Account Code                     | h. Form of Payment                          | i, In-I | Kind Descr       | iption                    | j. Date (mm/dd/yy    | yy)            | k. Amount     |        |
|  | 1                                   | CHECK 5946                                  |         |                  |                           | 07/20/2              | 015            | \$            | 100.00 |
|  |                                     |   |         |                  |                           |                      |                | \$            |        |
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4. Total only this Page

5. Total of ALL CRO-1210 Pages

|  |                       | n Individuals vidual contributions o   | over \$50 | ) or conf   | ribution                              | Pg<br>ns unde | _4 of<br>r \$50 if form CR | <u>14_</u><br>O 1205 is no | Amendmen  Yes of used | t No     |
|--|-----------------------|--|-----------|-------------|---------------------------------------|---------------|----------------------------|----------------------------|-----------------------|----------|
|  |                       | and Fund if applica  |           | or cont     | Hourion                               | a la la la    |                            | 2. ID Nun                  |                       |          |
|  |                       | CHALMERS L. MC   |           | ALD         |                                       |               |                            |                            | KCE4J3                |          |
| 3. Contri  | ibutor Informatio     | on the same of the |           | Add         |                                       | Rem           | ove                        |                            |                       |          |
|  | ne, Mailing Address & |  |           | b. Job 7    | Title/Pro                             | fession       |                            | d. Comment                 | s                     |          |
|  | city, state, & zip)   |  |           | RETI        | RED                                   |               |                            |                            |                       |          |
|  | MARSHALL              |  |           |             |                                       |               | 10 51 11                   |                            |                       |          |
| (1) Self (2000-196) (1) (2017-2001-2   | CHELBERGER DI         |  |           | c, Empl     | loyer's N                             | ame/Spe       | cific Field                |                            |                       |          |
|  | EVILLE, NC 283        | 03   |           |             |                                       |               |                            | e. Election S              | Sum to Date           |          |
| 910-822-   | 4479                  |  |           |             |                                       |               |                            | \$                         | 100.00                |          |
| f. Prior   | g. Account Code       | h. Form of Payment   | i. In-l   | Kind Desc   | ription                               |               | j. Date (mm/dd/yy          | (yy)                       | k. Amount             |          |
| I. F1101   |                       | CHECK 261  |           | Linu Descri | · · · · · · · · · · · · · · · · · · · |               | 07/23/2                    |                            | \$                    | 100.00   |
|  | 1                     | CHECK 201  |           |             |                                       |               | 0112312                    | 013                        | ļ                     | 100.00   |
|  |                       |  |           |             |                                       |               |                            |                            | \$                    |          |
|  |                       |  |           |             |                                       |               |                            |                            | \$                    |          |
| 3. Contri  | ibutor Informatio     | on   |           | Add         |                                       | Rem           | ove                        | 4                          |                       |          |
| a. Full Nan  | ne, Mailing Address & | & Phone  |           | 0.00        | Fitle/Pro                             | fession       |                            | d. Comment                 | ts                    |          |
| 15 \$ 15 - 1 - 1 - 1 - 1 - 1   | city, state, & zip)   | 1 1 1 1 1  |           | RETI        | RED                                   |               |                            |                            |                       |          |
| Processor Anna Contract Contra | MERVILLE              |  |           | D. I        |                                       | 10            | .ie. Field                 | -                          |                       |          |
| 2000   | EDY CREEK DR.         |  |           | c. Emp      | loyer's iv                            | ame/Spe       | cific Field                | -                          |                       |          |
| 910-213-   | EVILLE, NC 283        | 14   |           |             |                                       |               |                            | e. Election S              | Sum to Date           |          |
| 910-213-   | 2349                  |  |           |             |                                       |               |                            | \$                         | 100.00                |          |
| f. Prior   | g. Account Code       | h. Form of Payment   | i. In-l   | Kind Desc   | ription                               |               | j. Date (mm/dd/yy          | yy)                        | k. Amount             |          |
|  | 1                     | CHECK 8030   |           |             |                                       |               | 07/16/2                    | 015                        | \$                    | 100.00   |
|  |                       |  |           |             |                                       |               |                            |                            | \$                    |          |
|  |                       |  |           |             |                                       |               |                            |                            | \$                    |          |
| 3. Contr   | ibutor Informatic     | on a second  |           | Add         |                                       | Ren           | iove                       |                            | 1007                  |          |
| DECKLOSHER STORY   | ne, Mailing Address & |  |           | b. Job      | Title/Pro                             | fession       |                            | d. Commen                  | ts                    |          |
| (include   | city, state, & zip)   | for y  |           | RETI        | RED                                   |               |                            |                            |                       |          |
| CW5 JOI  | HN W. WILLIAM         | IS .JR   |           |             |                                       |               |                            | -                          |                       |          |
|  | MPTON OAKS D          |  |           | c. Emp      | loyer's N                             | lame/Spe      | ecific Field               |                            |                       |          |
|  | EVILLE, NC 283        | 14-1815  |           |             |                                       |               |                            | e. Election S              | Sum to Date           |          |
| 910-867-   | 4238                  |  |           |             |                                       |               |                            | 7.50                       |                       |          |
|  |                       |  |           |             |                                       |               |                            | \$                         | 200.00                |          |
| f. Prior   | g. Account Code       | h. Form of Payment   | i. In-l   | Kind Desc   | ription                               |               | j. Date (mm/dd/yy          | yy)                        | k. Amount             |          |
|  | 1                     | CHECK 8030   |           |             |                                       |               | 07/16/2                    | 015                        | \$                    | 100.00   |
|  | 1                     | CHECK 8076   |           |             |                                       |               | 09/01/2                    | 2015                       | \$                    | 100.00   |
|  |                       |  |           |             |                                       |               |                            |                            | \$                    |          |
|  | only this Pag         |  |           |             |                                       |               |                            | \$                         |                       | 400.00   |
| 5. Tota  | of ALL CRO            | -1210 Pages  |           |             |                                       |               |                            | S                          |                       | 5,400.00 |

|  |   | n Individuals<br>vidual contributions o | over \$50 | ) or contributions w           | Pg <u>8</u> of   |                         | Amendment  Yes | No No  |  |
|--|---|---|-----------|--------------------------------|------------------|-------------------------|----------------|--------|--|
|  |   | and Fund if applical                    |           | o or controutions to           |                  | 2. ID Nu                |                |        |  |
| COMMI  | TTEE TO ELECT   | CHALMERS L. MC                          | DOUG      | ALD                            |                  |                         | KCE4J3         |        |  |
| 3. Contr   | ibutor Informatio   | on                                      |           | Add 🗌 F                        | Remove           |                         |                |        |  |
| (include<br>VERLON   | ne, Mailing Address o<br>city, state, & zip)<br>N O ANDERSON  | & Phone                                 |           | b. Job Title/Professi PREACHER |                  | d. Commer               | nts            |        |  |
|  | ROLL CIR<br>Y VARINA, NC 2  | 7526                                    |           | c. Employer's Name             |                  | -                       |                |        |  |
| FOQUA  | i vakina, ne z  | 1320                                    |           |                                |                  | e. Election             | Sum to Date    |        |  |
|  |   |   |           |                                |                  | \$                      | 100.00         |        |  |
| f. Prior   | g. Account Code   | h. Form of Payment                      | i, In-I   | Kind Description               | j. Date (mm/dd/y | ууу)                    | k. Amount      |        |  |
|  | 1   | CHECK 5032                              |           |                                | 08/05/           | 2015                    | \$             | 100.00 |  |
|  |   |   |           |                                |                  |                         | \$             |        |  |
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| 3. Contr   | ibutor Informatio   | on                                      |           | Add 🔲 F                        | Remove           |                         |                |        |  |
| a. Full Nar  | ne, Mailing Address   | & Phone                                 |           | b. Job Title/Professi          | on               | d. Commer               | nts            |        |  |
|  | city, state, & zip)   |   |           | RETIRED                        |                  |                         |                |        |  |
| 100  | G. WILLIAMS<br>FERFALL CIR  |   |           | c. Employer's Name             | /Specific Field  |                         |                |        |  |
| TO COMPANY THE TOTAL CONTROL OF THE PARTY OF | RIVER, SC 29560   | 5                                       |           |                                |                  |                         |                |        |  |
|  |   |   |           |                                |                  | e. Election             | Sum to Date    |        |  |
|  |   |   |           |                                |                  | \$                      | 200.00         |        |  |
| f. Prior   | g. Account Code   | h. Form of Payment                      | i. In-l   | Kind Description               | j. Date (mm/dd/y | ууу)                    | k. Amount      |        |  |
|  | 1   | CHECK 3004                              |           |                                | 08/03/           | 2015                    | \$             | 200.00 |  |
|  |   |   |           |                                |                  |                         | \$             |        |  |
|  |   |   |           |                                |                  |                         | \$             |        |  |
| 3. Contr   | ibutor Informatio   | on                                      |           | Add 🔲 I                        | Remove           |                         |                |        |  |
| a. Full Nar  | ne, Mailing Address   | & Phone                                 |           | b. Job Title/Professi          | on               | d. Commer               | nts            |        |  |
|  | city, state, & zip)   |   |           | PREACHER                       |                  |                         |                |        |  |
| JOE L. Y   | OUNG<br>thwick Dr.  |   |           | c. Employer's Name             | /Specific Field  | -                       |                |        |  |
|  | lle, nc 28306   |   |           | SELF EMPLOY                    |                  |                         |                |        |  |
|  | and a second a second and a second a second and a second |   |           |                                |                  | e, Election Sum to Date |                |        |  |

| - New Contraction | city, state, & zip)  |                    |         | FREACTER                          |                |        |          |            |
|-------------------|--|--------------------|---------|-----------------------------------|----------------|--------|----------|------------|
|                   | OUNG<br>othwick Dr.<br>ille, nc 28306  |                    |         | c. Employer's Name<br>SELF EMPLOY | e, Election    |        |          |            |
|                   |  |                    |         |                                   |                | \$     | 100.00   |            |
| f. Prior          | g. Account Code  | h. Form of Payment | i. In-k | L<br>Kind Description             | j. Date (mm/dd | /yyyy) | k. Amoui | nt         |
|                   | 1  | CC 141887          |         |                                   | 08/03          | 3/2015 | \$       | 100.00     |
|                   |  |                    |         |                                   |                |        | \$       |            |
|                   |  |                    |         |                                   |                |        | \$       |            |
| 4. Tota           | l only this Pag  | ge                 |         |                                   |                | \$     |          | 400.00     |
|                   | 5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-110 |                    |         | ))                                |                | \$     |          | 5,400.00   |
| CRO-1210          |  |                    |         | NC State Board of Ele             | ctions         |        |          | April 2007 |

|                                |    |         |     |      | Amen | idment |
|--------------------------------|----|---------|-----|------|------|--------|
| Contributions from Individuals | Pg | 9       | of  | 14   |      | Yes    |
|                                |    | 050 100 | ana | 1005 |      |        |

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

Yes 🖂

No

| 1. Comn                        | nittee Full Name (  | (and Fund if applica | ble)    |                                     |           |            |                    | 2. ID Nun     | nber        |          |
|--------------------------------|---|----------------------|---------|-------------------------------------|-----------|------------|--------------------|---------------|-------------|----------|
| COMMI                          | TTEE TO ELECT   | CHALMERS L. MC       | DOUG    | ALD                                 |           |            |                    |               | KCE4J3      |          |
| 3. Contr                       | ibutor Informatio   | on                   |         | Add                                 |           | Rem        | iove               |               |             |          |
|                                | ne, Mailing Address d   | & Phone              |         | b. Job Title/Profession             |           |            | d. Comment         | ts            |             |          |
|                                | city, state, & zip)   |                      |         | PREACHER                            |           |            |                    |               |             |          |
| The second representation      | SON HUFFAM  |                      |         | l                                   |           | 10         |                    |               |             |          |
|                                | EST BENT GRASS  |                      |         | SELF I                              |           |            | eific Field        |               |             |          |
| 910-485-                       | EVILLE, NC 283  | 12                   |         | SELFI                               | SIMILIN   | ) I EE     | D                  | e. Election S | Sum to Date |          |
| 710-403                        | 3024  |                      |         |                                     |           |            |                    | \$            | 50.00       |          |
| f. Prior                       | g. Account Code   | h. Form of Payment   | i. In-K | l<br>Lind Descrip                   | ption     |            | j. Date (mm/dd/yy  | l<br>yy)      | k. Amount   |          |
|                                | 1   | CASH                 |         |                                     |           |            | 7/20/20            |               | \$          | 50.00    |
|                                |   |                      |         |                                     |           |            |                    |               | \$          |          |
|                                |   |                      |         |                                     |           |            |                    |               | \$          |          |
| 3. Contr                       | ibutor Informatio   | on                   |         | Add                                 |           | Rem        | ove                |               |             |          |
|                                | ne, Mailing Address é   | & Phone              |         | b. Job Tit                          |           | ession     |                    | d. Comment    | S           |          |
| 10.000                         | city, state, & zip)   |                      |         | RETIR                               | ED        |            |                    |               |             |          |
| LINDA C                        |   | F                    | N       | 10                                  | ic. Field |            |                    |               |             |          |
|                                | LFORD PL<br>EVILLE, NC 283                                    | 04-0510              |         | c. Employ                           | yer's ma  | me/spe     | cific Field        |               |             |          |
| PAILII                         | EVILLE, NC 203  | 04-0319              |         |                                     |           |            |                    | e. Election S | um to Date  |          |
|                                |   |                      |         |                                     |           |            |                    | Total of      | -1-7000     |          |
|                                |   | ,                    |         |                                     |           |            |                    | \$            | 100         |          |
| f. Prior                       | g. Account Code   | h. Form of Payment   | i. In-K | Kind Description j. Date (mm/dd/yyy |           |            | yy)                | k. Amount     |             |          |
|                                | 1   | CHECK 426            |         |                                     |           |            | 08/08/20           | )15           | \$          | 100.00   |
|                                |   |                      | -       |                                     |           |            |                    |               | \$          |          |
|                                |   |                      |         |                                     |           |            |                    |               | \$          |          |
| 3. Contri                      | butor Informatio  | n                    |         | Add                                 |           | Rem        | ove                |               |             |          |
| a. Full Nan                    | ıe, Mailing Address &   | k Phone              |         | b. Job Tit                          |           |            |                    | d. Comments   | s           |          |
|                                | city, state, & zip)   |                      |         | ADMIN                               | VISTR.    | ATOR       | <u> </u>           |               |             |          |
|                                | V. BENTON   |                      |         |                                     |           | <i>1</i> 0 | .e. p. 11          |               |             |          |
|                                | MBERLY DR.<br>EVILLE, NC 2830                                 | 06 7551              |         | c. Employ<br>U.S. GC                |           |            |                    |               |             |          |
| FAIGII                         | EVILLE, NC 203  | 00-7331              |         | 0.5. 00                             | JVER      | AIMITSIA   | 1                  | e. Election S | um to Date  |          |
|                                |   |                      |         |                                     |           |            |                    | \$            | 100.00      |          |
| f. Prior                       | g. Account Code   | h. Form of Payment   | i. In-K | ind Descrip                         | otion     |            | j. Date (mm/dd/yyy | / <b>y</b> )  | k. Amount   |          |
|                                | 1   | CHECK 1970           |         |                                     |           |            | 08/05 20           | 015           | \$          | 100.00   |
|                                |   |                      |         |                                     |           |            |                    |               | \$          |          |
|                                |   |                      |         | 2001                                |           |            |                    |               | \$          |          |
| 4. Total                       | only this Page  | )                    |         |                                     |           |            |                    | \$            |             | 250.00   |
| 5. Total of ALL CRO-1210 Pages |   |                      |         |                                     |           |            |                    | \$            |             | 5,400.00 |
| (This line                     | (This line must be on line 6 of Detailed Summary Page CRO-110 |                      |         |                                     |           |            |                    |               |             |          |

|                           |  | m Individuals        | over \$5   |                         | C) sponsonium   | of <u>14</u><br>CRO 1205 is 1 | Amendmen  Yes                               |                |
|---------------------------|--|----------------------|--|-------------------------|-----------------|-------------------------------|---|----------------|
| CONTRACTOR STATES         | and the second second second second second | (and Fund if applica | Contract of the last of the la |                         |                 | 2. ID Nu                      | when the state of the state of the state of |                |
| COMMI                     | TTEE TO ELECT                              | CHALMERS L. MC       | DOUG   | ALD                     |                 |                               | КСЕ4Ј3                                      |                |
| 3. Contr                  | ibutor Informati                           | on                   |  | Add 🔲 F                 | Remove          |                               |   |                |
| a. Full Nar               | ne, Mailing Address                        | & Phone              |  | b. Job Title/Professi   | on              | d. Comme                      | nts   |                |
|                           | city, state, & zip)                        | r                    |  | RETIRED                 |                 |                               |   |                |
| Brookly Recorded Symmetry | EON D. WATSON<br>RSON DR.                  | N                    |  | c. Employer's Name      | /Specific Field | _                             |   |                |
|                           | EVILLE, NC 283                             | 3032705              |  | Ci Bispioyer s i taine  | operiic ricia   |                               |   |                |
|                           |  |                      |  |                         |                 | e. Election                   | Sum to Date                                 |                |
|                           |  |                      |  |                         |                 | \$                            | 500.00                                      |                |
| f. Prior                  | g. Account Code                            | h. Form of Payment   | i. In-l  | Kind Description        | j. Date (mm/dd  | /yyyy)                        | k. Amount                                   |                |
|                           | 1  | CHECK 2472           |  |                         | 08/0            | 4/15                          | \$  | 500.00         |
|                           |  |                      |  |                         |                 |                               | \$  |                |
|                           |  |                      |  |                         |                 |                               | \$  |                |
| 3. Contri                 | ibutor Informatio                          | on                   |  | Add  R                  | emove           |                               |   |                |
| Annual Control of Control | ne, Mailing Address                        |                      |  | b. Job Title/Profession | on              | d. Commer                     | nts   |                |
|                           | city, state, & zip)                        |                      |  | RETIRED                 |                 |                               |   |                |
|                           | L WILSON                                   | ALC:                 |  | P. J. J. N.             | e - de Plat     | _                             |   |                |
|                           | AVER RUN DRIV<br>EVILLE, NC 283            |                      |  | c. Employer's Name/     | Specific Field  | -                             |   |                |
| 1711211                   | E VIEBE, NO 203                            | . 1::-               |  |                         |                 | e. Election                   | Sum to Date                                 |                |
|                           |  |                      |  |                         |                 | \$                            | 75.00                                       |                |
| f. Prior                  | a Assount Code                             | h. Form of Payment   | : 1 1  | <br>Kind Description    | i Data (mm/dd   |                               | k. Amount                                   |                |
| 1. 11101                  | g. Account Code                            |                      | 1. III-F   | and Description         | j. Date (mm/dd/ |                               |   | 75.00          |
|                           | 1  | CHECK 404            |  |                         | 08/03           | /2015                         | \$  | 75.00          |
|                           |  |                      |  |                         |                 |                               | \$  |                |
|                           |  |                      |  |                         |                 |                               | \$  |                |
| 3. Contri                 | butor Informatio                           | nn                   |  | Add  R                  | emove           |                               |   | \$1000 \$100 E |
|                           | ne, Mailing Address &                      |                      |  | b. Job Title/Profession |                 | d. Commen                     | its   | I.             |
|                           | city, state, & zip)                        |                      |  | Retired                 |                 |                               |   |                |
|                           | & HELEN GILCH                              | IRIST                |  |                         |                 |                               |   |                |
|                           | GGLES COURT                                | 14                   |  | e. Employer's Name/     | Specific Field  | _                             |   |                |
| 910-868-8                 | EVILLE, NC 283<br>8550                     | 14                   |  |                         |                 | e, Election                   | Sum to Date                                 |                |
| 210 000 1                 |  |                      |  |                         |                 | \$                            | 50.00                                       |                |
|                           |  | T                    | T  |                         |                 |                               |   |                |
| f. Prior                  | g. Account Code                            | h. Form of Payment   | i. In-K  | and Description         | j. Date (mm/dd/ |                               | k. Amount                                   |                |
|                           | 1  | CASH                 |  |                         | 08/06           | /2015                         | \$  | 50.00          |
|                           |  |                      |  |                         |                 |                               | \$  |                |
|                           |  |                      |  |                         |                 |                               | \$  |                |
| 4. Total                  | only this Page                             | e                    |  |                         |                 | \$                            |   | 625.00         |

5. Total of ALL CRO-1210 Pages

(This line must be on line 6 of Detailed Summary Page CRO-1100)

5,400.00

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|  |  |   |         |                                  |                     |  | Amendment   | = =    |
|--|--|---|---------|----------------------------------|---------------------|--|-------------|--------|
|  |  | m Individuals                               | o c     | Pg                               |                     | A COLUMN TO THE PARTY OF THE PA | Yes         | No.    |
| THE RESERVE OF THE PERSON NAMED IN   |  | vidual contributions of and Fund if applica |         | or contributions und             | ier \$50 ii form CR | 2. ID Nu   |             |        |
|  |  |   |         | ALD                              |                     | 2. 10 110  |             |        |
| СОММІ  | TIEE TO ELECT                                | CHALMERS L. MC                              | DOOG    | ALD                              |                     | <u> </u>   | KCE4J3      |        |
|  | ibutor Informatio                            |   |         |                                  | move                |  |             |        |
|  | ne, Mailing Address &<br>city, state, & zip) | & Phone                                     |         | b. Job Title/Profession PREACHER |                     | d, Commer  | its         |        |
|  | R. THOMPSON                                  |   |         | TREACTER                         |                     |  |             |        |
| РО ВОХ   | 40941  |   |         | c. Employer's Name/S             |                     |  |             |        |
| 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | TEVILLE, NC 283                              | 09  |         | SELF-EMPLOYE                     | ED                  | F11 .7   | C D .       |        |
| 910-426-   | 2462   |   |         |                                  |                     |  | Sum to Date |        |
|  |  |   |         |                                  |                     | \$   | 100.00      |        |
| f. Prior   | g. Account Code                              | h. Form of Payment                          | i. In-l | Kind Description                 | j. Date (mm/dd/y    | ууу)   | k. Amount   |        |
|  | 1  | CHECK 8880                                  |         |                                  | 08/10/2             | 2015   | \$          | 100.00 |
|  |  | ,   |         |                                  |                     |  | \$          |        |
|  |  |   |         |                                  |                     |  | \$          |        |
| 3. Contri  | ibutor Informatio                            | on .  |         | Add Re                           | move                |  |             |        |
| a. Full Nan  | ne, Mailing Address é                        | & Phone                                     |         | b. Job Title/Profession          |                     | d. Commer  | its         |        |
|  | city, state, & zip)                          |   |         | RETIRED                          |                     |  |             |        |
| w wood a common of   | TPRINGLE<br>SCADE STREET                     |   |         | c. Employer's Name/Sp            | pecific Field       | -  |             |        |
| Committee of the Commit | EVILLE, NC 283                               | 01  |         |                                  |                     |  |             |        |
| 910-483-   | 7545   |   |         |                                  |                     | e. Election  | Sum to Date |        |
|  |  |   |         |                                  |                     | \$   | 100.00      |        |
| f. Prior   | g. Account Code                              | h. Form of Payment                          | i. In-l | Kind Description                 | j. Date (mm/dd/y    | yyy)   | k. Amount   |        |
|  | 1  | CHECK 7559                                  |         |                                  | 08/17/2             | 015  | \$          | 100.00 |
|  |  |   |         |                                  |                     |  | \$          |        |
|  |  |   |         |                                  |                     |  | \$          |        |
| 3. Contri  | butor Informatio                             | n   |         | Add Re                           | move                |  |             |        |
| a. Full Nan  | ne, Mailing Address &                        | & Phone                                     |         | b. Job Title/Profession          |                     | d. Commen  | ts          |        |
|  | city, state, & zip)                          |   |         | RETIRED                          |                     |  |             |        |
| ERNEST   |  |   |         | c. Employer's Name/Sp            | pacific Field       | -  |             |        |
| PO BOX   | EVILLE, NC 283                               | 11  |         | C. Employer's (value/o)          | peeme riciu         | 1  |             |        |
| 910-822-   |  |   |         |                                  |                     | e. Election  | Sum to Date |        |
|  |  |   |         |                                  |                     | \$   | 100.00      |        |
| f. Prior   | g. Account Code                              | h. Form of Payment                          | i. In-F | Lind Description                 | j. Date (mm/dd/yy   | ууу)   | k. Amount   |        |
|  | 1  | CHECK 6367                                  |         |                                  | 08/15/2             | 015  | s           | 100.00 |

| FAYETTEVILLE, NC 28301 910-483-7545 e. Election Sum to I \$ 100                               | Date       |
|---|------------|
| \$ 100  |            |
|   | .00        |
| f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Ar | mount      |
| ☐ I CHECK 7559 08/17/2015 \$  | 100.00     |
|   |            |
|   |            |
| 3. Contributor Information  |            |
| a. Full Name, Mailing Address & Phone b. Job Title/Profession d. Comments                     |            |
| (include city, state, & zip) RETIRED  |            |
| ERNEST SMITH  |            |
| PO BOX 9534 c. Employer's Name/Specific Field   |            |
| FAYETTEVILLE, NC 28311 910-822-3533 e. Election Sum to I                                      | Date       |
| \$ 100.   |            |
| f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. At | mount      |
| ☐ 1 CHECK 6367 08/15/2015 \$  | 100.00     |
| □ s   |            |
| □ s   |            |
| 4. Total only this Page \$  | 300.00     |
| 5. Total of ALL CRO-1210 Pages  | 5,400.00   |
| (This line must be on line 6 of Detailed Summary Page CRO-1100)                               |            |
| CRO-1210 NC State Board of Elections  | April 2007 |

|                     |                        | m Individuals        | over \$5 | Pg<br>0 or contributions unde          | <u>12</u> of<br>er \$50 if form CR |               | Amendment  Yes  t used | No No  |
|---------------------|------------------------|----------------------|----------|--|------------------------------------|---------------|------------------------|--------|
| 1. Comm             | nittee Full Name       | (and Fund if applica | ble)     |  |                                    | 2. ID Nun     | ıber                   |        |
| СОММІ               | TTEE TO ELECT          | CHALMERS L. MC       | DOUG     | ALD                                    |                                    |               | KCE4J3                 |        |
| 3. Contr            | ibutor Informatio      | on                   |          | Add Ren                                | nove                               |               |                        |        |
| a. Full Nar         | ne, Mailing Address    | & Phone              |          | b. Job Title/Profession                |                                    | d. Comment    | S                      |        |
|                     | city, state, & zip)    |                      |          | DIRECTOR                               |                                    |               |                        |        |
| MEL JA              |                        |                      |          | B 1 1 N 10                             | 10. 12.11                          | -             |                        |        |
| no ter announcement | LINGTON ST             | 1900                 |          | c. Employer's Name/Sp<br>NON-PROFIT    | ecilic Field                       | -             |                        |        |
| HEMPS               | ΓΕΑD NY 11550-         | 1009                 |          | NON-I KOITI                            |                                    | e. Election S | um to Date             |        |
|                     |                        |                      |          |  |                                    | \$            | 100.00                 |        |
| f. Prior            | g. Account Code        | h. Form of Payment   | i. In-I  | Kind Description                       | j. Date (mm/dd/y                   | yyy)          | k. Amount              |        |
|                     | 1                      | CHECK 333            |          |  | 08/24/2                            | 2015          | \$                     | 100.00 |
|                     |                        |                      |          |  |                                    |               | \$                     |        |
|                     |                        |                      |          |  |                                    |               | \$                     |        |
| 3. Contri           | ibutor Informatio      | on                   |          | Add Ren                                | nove                               |               |                        |        |
| a. Full Nan         | ne, Mailing Address &  | & Phone              |          | b. Job Title/Profession                |                                    | d. Comments   | s                      |        |
| (include            | city, state, & zip)    |                      |          | TEACHER                                |                                    |               |                        |        |
|                     | E FOSTER               |                      |          |  |                                    | -             |                        |        |
|                     | ENCHORN LANE           |                      |          | c. Employer's Name/Sp<br>STATE OF NORT |                                    | -             |                        |        |
| 910-487-            | EVILLE, NC 283<br>0171 | 14                   |          | STATE OF NORTH                         | II CAROLINA                        | e. Election S | um to Date             |        |
| 710 107             | 0171                   |                      |          |  |                                    | \$            | 50.00                  |        |
| f. Prior            | g. Account Code        | h. Form of Payment   | i. In-F  | Kind Description                       | j. Date (mm/dd/yy                  | ууу)          | k. Amount              |        |
|                     | 1                      | CASH                 |          |  | 08/24/2                            | 015           | \$                     | 50.00  |
|                     |                        |                      |          |  |                                    |               | \$                     |        |
|                     |                        |                      |          |  |                                    |               | \$                     |        |
| 3. Contri           | butor Informatio       | n                    |          | Add Ren                                | nove                               |               |                        |        |
| a. Full Nan         | ne, Mailing Address &  | & Phone              |          | b. Job Title/Profession                |                                    | d. Comments   | 3                      |        |
|                     | city, state, & zip)    |                      |          | RETIRED                                |                                    |               |                        |        |
| Jewel Mo            |                        |                      |          | E I Nome /Co                           | - if a Field                       | -             |                        |        |
|                     | TER ROAD<br>ILLS, NC   |                      |          | c. Employer's Name/Spe                 | ecine Field                        |               |                        |        |
| HOFE W              | ILLS, NC               |                      |          |  |                                    | e. Election S | um to Date             |        |
|                     |                        |                      |          |  |                                    | \$            | 50.00                  |        |
| f. Prior            | g. Account Code        | b. Form of Payment   | i. In-F  | (ind Description                       | j. Date (mm/dd/yy                  | /yy)          | k. Amount              |        |
|                     | 1                      | CASH                 |          |  | 09/22/2                            | 015           | \$                     | 50.00  |

|             |                     |                                     |  |                        |                 |             | \$          |            |
|-------------|---------------------|-------------------------------------|--|------------------------|-----------------|-------------|-------------|------------|
| 3. Contri   | ibutor Informatio   | on                                  |  | Add 🔲 R                | Remove          |             |             |            |
| a. Full Nan | ne, Mailing Address | & Phone                             |  | b. Job Title/Professi  | on              | d. Commen   | ts          |            |
| (include    | city, state, & zip) |                                     |  | RETIRED                |                 |             |             |            |
| Jewel Mo    | oore                |                                     |  |                        |                 |             |             |            |
| 553 POR     | TER ROAD            |                                     |  | c. Employer's Name     | Specific Field  |             |             |            |
| НОРЕ М      | ILLS, NC            |                                     |  |                        |                 | e. Election | Sum to Date |            |
|             |                     |                                     |  |                        |                 | \$          | 50.00       |            |
| f. Prior    | g. Account Code     | h. Form of Payment                  | i. In-K  | Kind Description       | j. Date (mm/dd/ | /уууу)      | k. Amou     | nt         |
|             | 1                   | CASH                                |  |                        | 09/22           | /2015       | \$          | 50.00      |
|             |                     |                                     |  |                        |                 |             | \$          |            |
|             |                     |                                     |  |                        |                 |             | \$          |            |
| 4. Total    | only this Pag       | e                                   |  |                        |                 | \$          |             | 200.00     |
|             | of ALL CRO          | -1210 Pages Detailed Summary Page C | CRO-1100   | )                      |                 | \$          |             | 5,400.00   |
| CRO-121     |                     |                                     | THE RESERVE OF THE PARTY OF THE | NC State Board of Elec | tions           |             |             | April 2007 |

|  |                            | m Individuals   | over \$5 | 0 or cont  | ibutions            | Pg<br>s unde | _ <u>13</u><br>- \$50 if f | _ of          |               | Amendmen Yes   | 1          |
|--|----------------------------|---|----------|--|---------------------|--------------|----------------------------|---------------|---------------|--|------------|
| Participation of the Participa |                            | (and Fund if applica  |          | o or contr   | Toucion             | o unicio     | φ30111                     |               | 2. ID Nu      | The same of the sa | Y her only |
|  |                            | CHALMERS L. MC  |          | ALD  |                     |              |                            |               |               | KCE4J3   |            |
| 3. Contr   | ibutor Informati           | on  |          | Add  |                     | Rem          | ove                        |               |               |  |            |
| ASSESSMENT BY  | me, Mailing Address        |   |          | TO STATE OF THE ST | itle/Profe          | ession       |                            |               | d, Commen     | ts   |            |
|  | city, state, & zip)        |   |          | RETII  | RED                 |              |                            |               |               |  |            |
| DONAL  | D MOORE                    |   |          |  |                     |              |                            |               |               |  |            |
|  | TER ROAD                   |   |          |  |                     |              | cific Field                |               |               |  |            |
| HOPE M   | IILLS, NC                  |   |          | Self E   | ployeed             |              |                            |               |               |  |            |
|  |                            |   |          |  |                     |              |                            |               | e. Election S | Sum to Date  |            |
|  |                            |   |          |  |                     |              |                            |               | \$            | 50.00  |            |
| f. Prior   | g. Account Code            | h. Form of Payment  | i. In-l  | Kind Descr   | iption              |              | j. Date (r                 | nm/dd/yy      | уу)           | k. Amount  |            |
|  | 1                          | CASH  |          |  |                     |              |                            | 9/22/20       | )15           | \$   | 50.00      |
|  |                            |   |          |  |                     |              |                            |               |               | \$   |            |
|  |                            |   |          |  |                     |              |                            |               |               | \$   |            |
| 3. Contr   | ibutor Informatio          | on  |          | Add  |                     | Rem          | ove                        | a de la compa |               |  |            |
| a. Full Nar  | ne, Mailing Address        | & Phone   |          | b. Job T   | itle/Profe          | ession       |                            |               | d. Commen     | ts   |            |
|  | city, state, & zip)        |   |          | RESO   | URCE (              | CONS         | ULTAN                      | Γ             |               |  |            |
|  | CK WADDELL                 |   |          |  |                     | -            |                            |               |               |  |            |
| 405 TOD  |                            |   |          |  | oyer's Nai<br>EMPLC |              | ific Field                 |               |               |  |            |
| GOLDSC   | ORO, NC 27534              |   |          | SELF   | EMPLC               | TEEL         | ,                          |               | e. Election S | Sum to Date  |            |
|  |                            |   |          |  |                     |              |                            |               |               |  |            |
|  |                            |   |          |  |                     |              |                            |               | \$            | 100.00   |            |
| f. Prior   | g. Account Code            | h. Form of Payment  | i. In-I  | Kind Descri  | iption              |              | j. Date (n                 | ım/dd/yy      | уу)           | k. Amount  |            |
|  | 1                          | CHECK 1834  |          |  |                     |              |                            | 08/17/2       | 015           | \$   | 100.00     |
|  |                            |   |          |  |                     |              |                            |               |               | \$   |            |
|  |                            |   |          |  |                     |              |                            |               |               | \$   |            |
| 3. Contri  | ibutor Informatic          | on  |          | Add  |                     | Remo         | ve                         |               |               |  |            |
|  | ne, Mailing Address &      | & Phone   |          |  | itle/Profe          | ssion        |                            |               | d. Commen     | ts   |            |
|  | city, state, & zip)        | PERSONAL PROPERTY AND ADMINISTRAL   |          | RETIR  | RED                 |              |                            |               |               |  |            |
|  | L J. JOHNSON<br>ISIANA DR. |   |          | e Emple  | yer's Nai           | me/Snec      | ific Field                 |               |               |  |            |
|  | D, NC 28376-603            | 38  |          | C. Emplo   | yei siyai           | шелорее      | me riciu                   |               |               |  |            |
| ICALI OI   | 10,110 20370 003           | ,,,   |          |  |                     |              |                            |               | e. Election S | Sum to Date  |            |
|  |                            |   |          |  |                     |              |                            |               | \$            | 200.00   |            |
| f. Prior   | g. Account Code            | h. Form of Payment  | i. In-F  | Kind Descri  | ption               |              | j. Date (n                 | ım/dd/yy      | yy)           | k. Amount  |            |
|  | 1                          | CHECK 1289  |          |  |                     |              | (                          | 08/16/20      | 015           | \$   | 200.00     |
|  |                            |   |          |  |                     |              |                            |               |               | \$   |            |
|  |                            |   |          |  |                     |              |                            |               |               | \$   |            |
| THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.   | only this Pag              | CONTRACTOR OF THE PROPERTY OF |          |  |                     |              |                            |               | \$            |  | 350.00     |
| 5. Total   | of ALL CRO                 | -1210 Pages   |          |  |                     |              |                            |               | \$            |  | 5,400.00   |

|                        |  | m Individuals         |                             |                     | Pg                   | _14 of             |               | Yes                          | No No                       |
|------------------------|--|-----------------------|-----------------------------|---------------------|----------------------|--------------------|---------------|------------------------------|-----------------------------|
| -                      |  | ividual contributions | and the same of the same of | 0 or contributions  | unde                 | er \$50 if form CR |               | the reservoir of the same of |                             |
|                        |  | (and Fund if applica  |                             |                     |                      |                    | 2. ID Nu      |                              |                             |
| COMMI                  | TTEE TO ELECT                              | CHALMERS L. MC        | CDOUG                       | ALD                 |                      |                    |               | KCE4J3                       |                             |
| APAN STORES VENDERALLY | ibutor Informati                           |                       |                             | Add                 | A CENTRAL CONTRACTOR | nove               |               |                              |                             |
|                        | ne, Mailing Address<br>city, state, & zip) | & Phone               |                             | b. Job Title/Profe  | ssion                |                    | d. Commen     | its                          |                             |
|                        | BRIAN ADAMS                                |                       |                             | Lawyer              |                      |                    |               |                              |                             |
|                        | LIARD DR.                                  |                       |                             | c. Employer's Na    | me/Sp                | ecific Field       |               |                              |                             |
| FAYETT                 | TEVILLE, NC 283                            | 311-2651              |                             | Self Employee       | ed                   |                    |               | No.                          |                             |
|                        |  |                       |                             |                     |                      |                    |               | Sum to Date                  |                             |
|                        |  |                       |                             |                     |                      |                    | \$            | 500.00                       |                             |
| f. Prior               | g. Account Code                            | h. Form of Payment    | i. In-l                     | Kind Description    |                      | j. Date (mm/dd/y   | ууу)          | k. Amount                    |                             |
|                        | 1  | CHECK 6501            |                             |                     |                      | 09/15/2            | 015           | \$                           | 500.00                      |
|                        |  |                       |                             |                     |                      |                    |               | \$                           |                             |
|                        |  |                       |                             |                     |                      |                    | ***********   | \$                           | 170 - FO 200 - FO 1800 - FO |
| 3. Contri              | ibutor Informatio                          | on                    |                             | Add                 | Rem                  | nove               |               |                              | the state of the            |
| a. Full Nan            | ne, Mailing Address                        | & Phone               |                             | b. Job Title/Profe  | ssion                |                    | d. Commen     | ts                           |                             |
| (include               | city, state, & zip)                        |                       |                             |                     |                      |                    |               |                              |                             |
|                        |  |                       |                             | c. Employer's Nai   | me/Snr               | ecific Field       | -             |                              |                             |
|                        |  |                       |                             | Ci Employer S i an  | петъре               |                    |               |                              |                             |
|                        |  |                       |                             |                     |                      |                    | e. Election S | Sum to Date                  |                             |
|                        |  |                       |                             |                     |                      |                    | \$            |                              |                             |
| f. Prior               | g. Account Code                            | h. Form of Payment    | i. In-F                     | Kind Description    |                      | j. Date (mm/dd/yy  | уу)           | k. Amount                    |                             |
|                        |  |                       |                             |                     |                      |                    |               | \$                           |                             |
|                        |  |                       |                             |                     |                      |                    |               | \$                           |                             |
|                        |  |                       |                             |                     |                      |                    |               | \$                           |                             |
| 3. Contri              | butor Informatio                           | on                    |                             | Add                 | Rem                  | ove                |               |                              |                             |
| ) Zavidentini kanan    | ie, Mailing Address &                      | & Phone               |                             | b. Job Title/Profes | ssion                |                    | d. Comment    | is                           |                             |
| (include               | city, state, & zip)                        | al maranda dinerales  |                             |                     |                      |                    |               |                              |                             |
|                        |  |                       |                             | c. Employer's Nan   | ne/Spe               | cific Field        |               |                              |                             |
|                        |  |                       |                             |                     |                      |                    | e. Election S | um to Date                   |                             |
|                        |  |                       |                             |                     |                      |                    | \$            | um to Date                   |                             |
| f. Prior               | g. Account Code                            | h, Form of Payment    | i. In-k                     | ind Description     |                      | j. Date (mm/dd/yy  | yy)           | k. Amount                    |                             |
|                        |  |                       |                             |                     |                      |                    |               | \$                           |                             |
|                        |  |                       |                             |                     |                      |                    |               | \$                           |                             |
|                        |  |                       |                             |                     |                      |                    |               | \$                           |                             |
| 4. Total               | only this Page                             | e                     |                             |                     |                      |                    | \$            |                              | 500.00                      |
| 5. Total               | of ALL CRO                                 | -1210 Pages           |                             |                     |                      |                    | \$            |                              | 5,400.00                    |

Amendment

## **Contributions from Other Political Committees**

|   |    |   | Amen | dment |             |    |
|---|----|---|------|-------|-------------|----|
| 1 | of | 1 |      | Yes   | $\boxtimes$ | No |

Use this form to report contributions from other candidate, referendum or PAC committees

|   | 1. Committee Full Name (and Fund if applicable)  |            |               |   |         |  |            |                   |                      |
|---|--|------------|---------------|---|---------|--|------------|-------------------|----------------------|
| COMMITTEE TO  | O ELECT CHALMERS L. MCD  | OUGALD     | )             |   |         |  |            | KCE4J3            | 3                    |
| 3. Contributor In                                       |  |            | Add           |   | Remov   | ve   |            | 12000             |                      |
| a. Full Name, Mailing                                   | Bergoek subusone seculiarism.  |            |               | of Committee  |         | -TEV9/4-2  | d. Con     | mments            |                      |
| (include city, state,                                   |  |            |               | Candidate   |         | PAC  |            |                   |                      |
| THE COMMITTE<br>ELMER FLOYD                             |  |            | 2 Lovel       | Referendur<br>Registered (S   | 200     |  | -          |                   |                      |
| 207 COURTNEY  |  |            | C. Ect.       | Federal   | pecity, | County:  | -          |                   |                      |
| FAYETTEVILLE  |  |            |               | State   | Ē       | Municipality:  | e. Elec    | ction Sum to Da   | ate                  |
|   | ,  |            | E             |   |         |  | \$ 100.00  |                   |                      |
| f. Account Code   | g. Form of Payment   | h. In-Kin  | d Description | on  | i.      | Date (mm/dd/yyyy)  | <i>i</i> ) | j. Amount         |                      |
| 1   | CHECK 2249   |            |               |   |         | 07/21/2015   | j          | \$ 100            | .00                  |
|   |  |            |               |   |         |  |            | \$                |                      |
|   |  |            |               |   |         |  |            | \$                |                      |
| 3. Contributor In                                       | formation  |            | Add           |   | Remov   | ve   |            |                   |                      |
| a. Full Name, Mailing                                   | A CONTRACTOR OF THE CONTRACTOR |            |               | of Committee  |         | The second second  | d. Com     | aments            |                      |
| (include city, state,                                   |  |            |               | Candidate   | -       | PAC  |            |                   |                      |
| print A Louis Littlewise the migration of the Publisher | S HOUSE CAMPAIGN   |            | Lavel         | Referendur  |         |  | -          |                   |                      |
| 3318 HEDGEMO<br>SPRING LAKE, N                          |  |            | C. Level a    | Registered (S <sub>I</sub><br>Federal   | pechy)  | County:  | 1          |                   |                      |
| oriding Land, i   | VC 20370-1332  |            |               | State   | F       | Municipality:  | e. Elec    | tion Sum to Da    | ate                  |
|   |  |            |               | The Economic State of | -       |  | \$         | 100.00            |                      |
| f. Account Code   | g. Form of Payment   | h. In-Kin  | d Descriptio  | )n  | i.      | Date (mm/dd/yyyy)  |            | j. Amount         |                      |
| 1   | CHECK 1599   |            |               |   |         | 07/23/2015   | 5          | \$ 100.           | .00                  |
|   |  |            |               |   |         |  |            | \$                |                      |
|   |  |            |               |   |         |  |            | \$                |                      |
| 3. Contributor Inf                                      | formation  |            | Add           |   | Remov   | ve   |            |                   |                      |
| a. Full Name, Mailing                                   |  |            | b. Type o     | of Committee  |         |  | d. Com     | iments            |                      |
| (include city, state, &                                 | & zip)   | 1          |               | Candidate   |         | PAC  |            |                   |                      |
|   |  |            | - Lavel I     | Referendun  | 100     |  | -          |                   |                      |
|   |  |            | C. Level I    | Registered (Sp<br>Federal   | јесну,  | County:  | 1          |                   |                      |
|   |  |            | 日             | State   |         | Municipality:  | e. Elect   | tion Sum to Da    | ite                  |
|   |  |            | -             | Doday   |         | The second secon | \$         | 1900 and a second | Phone and the second |
| f. Account Code   | g. Form of Payment   | h. In-Kind | d Descriptio  | ın  | i. I    | Date (mm/dd/yyyy)  | )          | j. Amount         |                      |
|   |  |            |               |   |         |  |            | \$                |                      |
|   |  |            |               |   |         |  |            | \$                |                      |
|   |  |            |               |   |         |  |            | \$                |                      |
| 4. Total only this I                                    | Page   |            |               |   |         |  | \$         | 200.00            |                      |
| 5. Total of ALL C                                       | CRO-1230 Pages<br>In line 8 of Detailed Summary Page CRO   | 0-1100)    |               |   |         |  | \$         | 200.00            |                      |

|  |          |         |           |          | Amer       | dment                     |             |    |
|--|----------|---------|-----------|----------|------------|---------------------------|-------------|----|
| Disbursements  | Pg       | 1       | of        | <u>6</u> |            | Yes                       | $\boxtimes$ | No |
| Use this form to report expenditures from the committee for; operating e | xpenses, | contrib | utions to | candi    | date/polit | ical                      |             |    |
| committees and coordinated party expenditures.                           |          |         |           |          |            |                           |             |    |
|  |          |         |           |          | A TT !     | The state of the state of |             |    |

|                             |                                | 1. Committee Full Name (and Fund if applicable)  2. ID Number |                                     |                  |                              |  |  |  |  |  |
|-----------------------------|--------------------------------|---|-------------------------------------|------------------|------------------------------|--|--|--|--|--|
|                             | TO ELECT CHALM                 |   |                                     |                  | KCE4J3                       |  |  |  |  |  |
| 3. Type of Disbu            |                                |   | CRO-1310 forms for each t           |                  |                              |  |  |  |  |  |
| Operating E                 | xpenses                        | Contributions to Car  | ndidates/Political Committees       |                  | ordinated Party Expenditures |  |  |  |  |  |
| 4. Payee Inform             | ation                          |   | Add                                 | Remove           |                              |  |  |  |  |  |
| a. Full Name, Maili         | ing Address & Phone            |   | b. Coordinated Committee Na         | ame              | d. Comments                  |  |  |  |  |  |
| (include city, state,       |                                |   |                                     |                  |                              |  |  |  |  |  |
| BOARD OF EL                 |                                |   |                                     |                  |                              |  |  |  |  |  |
| 227 FOUNTAIN                | NHEAD LANE                     |   | c. Level Registered (Specify)       |                  |                              |  |  |  |  |  |
| SUITE 101                   |                                |   | Federal                             | County:          |                              |  |  |  |  |  |
| FAYETTEVILI                 | LE, NC 28301                   | /   | State 🖂                             | Municipality:    | e. Election Sum to Date      |  |  |  |  |  |
|                             |                                |   |                                     |                  | \$ 24.00                     |  |  |  |  |  |
|                             |                                |   |                                     |                  | *                            |  |  |  |  |  |
| f. Account Code             | g. Form of Payment             | h. Purpose Code   | i. Date (mm/dd/yyyy)                | j. Amount        | k. Required Remarks          |  |  |  |  |  |
| 1                           | CHECK 2062                     | Н   | 07/06/2015                          | \$24.00          | FILLING FEES                 |  |  |  |  |  |
| 1                           | CHECK 2002                     | 11  | 07/00/2015                          | Φ24.00           |                              |  |  |  |  |  |
|                             |                                |   |                                     | \$               |                              |  |  |  |  |  |
|                             |                                |   |                                     | Ψ                |                              |  |  |  |  |  |
| 4. Payee Inform             | ation                          |   | Add                                 | Remove           |                              |  |  |  |  |  |
| a. Full Name, Maili         | ng Address & Phone             | 7 Y = 1   | b. Coordinated Committee Na         | ame              | d. Comments                  |  |  |  |  |  |
| (include city, state,       | & zip)                         |   |                                     |                  |                              |  |  |  |  |  |
| OFFICE MAX                  |                                |   |                                     |                  |                              |  |  |  |  |  |
| 1800 SKIBO RO               | OAD                            |   | c. Level Registered (Specify)       |                  |                              |  |  |  |  |  |
| FAYETTEVILL                 | LE, NC 28303                   | 1   | Federal                             | County:          |                              |  |  |  |  |  |
| 910-487-3738                | 5                              | 1   | State 🖂                             | Municipality:    | e. Election Sum to Date      |  |  |  |  |  |
|                             |                                | Į   |                                     |                  | \$ 69.24                     |  |  |  |  |  |
|                             |                                |   |                                     |                  | \$ 69.24                     |  |  |  |  |  |
| f. Account Code             | g. Form of Payment             | h. Purpose Code   | i. Date (mm/dd/yyyy)                | j. Amount        | k. Required Remarks          |  |  |  |  |  |
|                             |                                | T/  | 07/09/2015                          | \$69.54          | PAPER AND INK                |  |  |  |  |  |
| 1                           | DEBIT CARD                     | K   | 07/09/2013                          | \$09.34          |                              |  |  |  |  |  |
|                             |                                |   |                                     | \$               |                              |  |  |  |  |  |
|                             |                                |   |                                     | 3                |                              |  |  |  |  |  |
| 4. Payee Inform             | ation                          |   | Add                                 | Remove           |                              |  |  |  |  |  |
| a. Full Name, Maili         | ng Address & Phone             |   | b. Coordinated Committee Na         | ıme              | d. Comments                  |  |  |  |  |  |
| (include city, state, &     | & zip)                         | 1100 -  |                                     |                  |                              |  |  |  |  |  |
| POST OFFICES                |                                |   |                                     |                  |                              |  |  |  |  |  |
| 6380 CLIFFDAI               | E ROAD                         | 1   | c. Level Registered (Specify)       |                  |                              |  |  |  |  |  |
|                             | LE, NC 28314-2967              | 1   | Federal                             | County:          |                              |  |  |  |  |  |
| 910-860-2506                | STA MAR S PROMIS S IN 1999 WAS | ļ   | State 🖂                             | Municipality:    | e. Election Sum to Date      |  |  |  |  |  |
| 373.50                      |                                |   |                                     |                  | 0 100.00                     |  |  |  |  |  |
|                             |                                |   |                                     |                  | \$ 196.00                    |  |  |  |  |  |
| f. Account Code             | g. Form of Payment             | h. Purpose Code   | i. Date (mm/dd/yyyy)                | j. Amount        | k. Required Remarks          |  |  |  |  |  |
|                             |                                |   |                                     | 2107.00          | STAMPS                       |  |  |  |  |  |
| 1                           | DEBIT CARD                     | I   | 07/10/2015                          | \$196.00         |                              |  |  |  |  |  |
|                             |                                |   |                                     |                  |                              |  |  |  |  |  |
|                             |                                |   |                                     | \$               |                              |  |  |  |  |  |
| 5. Total only this          | s Page                         |   |                                     | Y-AND CONTRACTOR | \$ 289.54                    |  |  |  |  |  |
|                             | CRO-1310 Pages                 |   |                                     |                  |                              |  |  |  |  |  |
|                             | line 13a of Detailed Sum       | ımary Page CRO-1100   | ) if Operating Expenses)            |                  | o 4 104 69                   |  |  |  |  |  |
| (This line goes in          | line 13b of Detailed Sun       | ımary Page CRO-1100   | o if Contrib to Candidates/Politice | al Comm)         | \$ 4,104.68                  |  |  |  |  |  |
| (This line goes in          | line 13c of Detailed Sum       | ımary Page CRO-1100   | ) if Coordinated Party Expenditud   | res)             |                              |  |  |  |  |  |
| 7. Purpose Code             | es (List detailed exp          | penditure code in (   | (h.) above)                         |                  |                              |  |  |  |  |  |
| A* - Media                  | B* - Printing                  | C* - Fund   | Iraising                            | D - To Another   |                              |  |  |  |  |  |
| E - Salaries                | F* - Equipment                 |   |                                     |                  | Public Office Expenses       |  |  |  |  |  |
| I - Postage                 | J - Penalties                  | K* - Offic  | ce Expenses                         | Q* - Donation    | to Legal Expense Fund        |  |  |  |  |  |
| O* - Other  * Codes require | e detailed explanati           | ion in required re  | marks field (k)                     |                  |                              |  |  |  |  |  |

Amendment **Disbursements** Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.  $\boxtimes$ Yes No

|                                     | full Name (and Fun                              |                      |                                    |                       |               | 2. ID Number  |  |  |  |  |
|-------------------------------------|---|----------------------|------------------------------------|-----------------------|---------------|---|--|--|--|--|
| COMMITTEE                           | COMMITTEE TO ELECT CHALMERS L. MCDOUGALD KCE4J3 |                      |                                    |                       |               |   |  |  |  |  |
| 3. Type of Disb                     | ursement (Plea                                  | ise use separate C   | CRO-1310 forms for each t          | ype of Disburser      | nent.)        |   |  |  |  |  |
| Operating E                         | expenses  | Contributions to Ca  | ndidates/Political Committees      | C                     | oordinated    | Party Expenditures  |  |  |  |  |
| 4. Payee Inform                     | ation   |                      | Add                                | Remove                | Visit Control |   |  |  |  |  |
| a. Full Name, Maili                 | ing Address & Phone                             |                      | b. Coordinated Committee N         | ame                   | d. Con        | nments  |  |  |  |  |
| (include city, state,<br>SAM'S CLUB |   | <u> </u>             |                                    |                       |               |   |  |  |  |  |
| 1450 SKIBO R                        | OAD   |                      | c. Level Registered (Specify)      |                       | -             |   |  |  |  |  |
|                                     |   |                      | Federal                            | County:               | -             |   |  |  |  |  |
| FAYETTEVILI<br>910-864-7080         | LE, NC 20303                                    |                      |                                    | -                     | a Flas        | tion Sum to Date  |  |  |  |  |
| 910-804-7080                        |   |                      | State 🖂                            | Municipality:         | e. Elec       | tion Sum to Date  |  |  |  |  |
|                                     |   |                      |                                    |                       | \$ 13         | 38.45   |  |  |  |  |
| f. Account Code                     | g. Form of Payment                              | h. Purpose Code      | i. Date (mm/dd/yyyy)               | j. Amount             | k. Req        | uired Remarks   |  |  |  |  |
| 1                                   | DEBIT CARD                                      | О                    | 07/10/2015                         | \$27.21               | ENVI          | ELOPS   |  |  |  |  |
| 1                                   | DEBIT CARD                                      | 0                    | 09/21/2015                         | \$111.24              | INK I         |   |  |  |  |  |
| 4. Payee Inform                     | ation   |                      | Add                                | Remove                | TKIN          | THYO  |  |  |  |  |
|                                     |   |                      | b. Coordinated Committee No        |                       | d. Com        | mante   |  |  |  |  |
|                                     | ng Address & Phone                              |                      | b. Coordinated Committee 14.       | ame                   | u. Com        | inicitis  |  |  |  |  |
| (include city, state, SIGNSONTHE    |   |                      |                                    |                       |               |   |  |  |  |  |
|                                     | EHOLLOW DR.                                     |                      | c. Level Registered (Specify)      |                       | -             |   |  |  |  |  |
|                                     | STIN, TX 78758                                  |                      | Federal                            | Country               | -             |   |  |  |  |  |
|                                     |   |                      |                                    | County:               | TOL           | e' C 4- D-4-  |  |  |  |  |
| 1-866-661-9239                      | Di  |                      | State 🖂                            | Municipality:         | e. Elect      | tion Sum to Date  |  |  |  |  |
|                                     |   |                      |                                    |                       | \$ 1,         | 333.29  |  |  |  |  |
| f. Account Code                     | g. Form of Payment                              | h. Purpose Code      | i. Date (mm/dd/yyyy)               | j. Amount             |               | uired Remarks   |  |  |  |  |
| 1                                   | DEBIT CARD                                      | В                    | 08/11/2015                         | \$1333.29             | CAM           | PAIGN SIGNS   |  |  |  |  |
| 0                                   |   |                      |                                    | \$                    |               |   |  |  |  |  |
| 4. Payee Inform                     | ation   | Selection and the Co | Add                                | Remove                | All Maries    |   |  |  |  |  |
|                                     | ng Address & Phone                              |                      | b. Coordinated Committee Na        |                       | d. Com        | ments   |  |  |  |  |
| (include city, state,               | - Ref.   1                                      |                      |                                    |                       |               |   |  |  |  |  |
| BERNARD PEA                         |   |                      |                                    |                       |               |   |  |  |  |  |
| 3616 ABERNA                         |   |                      | c. Level Registered (Specify)      |                       |               |   |  |  |  |  |
| FAYETTEVILL                         |   |                      | Federal                            | County:               | -             |   |  |  |  |  |
| 910-495-3336                        | 7L, 110 20311                                   |                      | State                              | Municipality:         | e. Elect      | tion Sum to Date  |  |  |  |  |
| 710 175 5550                        |   |                      |                                    |                       |               | 30.00   |  |  |  |  |
| f. Account Code                     | g. Form of Payment                              | h. Purpose Code      | i. Date (mm/dd/yyyy)               | j. Amount             | k Regu        | uired Remarks   |  |  |  |  |
| n Account Code                      | g. Form of Fayment                              | ,                    | i, Date (initially)                |                       | RE-EI         |   |  |  |  |  |
| 1                                   | CHECK 2063                                      | В                    | 08/11/2015                         | \$530.00              | Control -     | PAIGN CARDS   |  |  |  |  |
|                                     |   |                      |                                    |                       | CAIVII        | MON CARDS   |  |  |  |  |
|                                     |   |                      |                                    | \$                    |               |   |  |  |  |  |
| 5. Total only thi                   | s Page  |                      |                                    |                       | \$            | 2001.74   |  |  |  |  |
| 6. Total of ALL                     | CRO-1310 Pages                                  |                      |                                    |                       |               |   |  |  |  |  |
| (This line goes in                  | line 13a of Detailed Sum                        | mary Page CRO-1100   | ) if Operating Expenses)           |                       | \$            | 4,104.68  |  |  |  |  |
| (This line goes in                  | line 13b of Detailed Sum                        | mary Page CRO-1100   | ) if Contrib to Candidates/Politic | al Comm)              | Ψ             | 4,104.00  |  |  |  |  |
| (This line goes in                  | line 13c of Detailed Sum                        | mary Page CRO-1100   | ) if Coordinated Party Expenditu   | res)                  |               |   |  |  |  |  |
| 7. Purpose Code                     | es (List detailed exp                           | enditure code in (   | (h.) above)                        |                       |               |   |  |  |  |  |
| A* - Media                          | B* - Printing                                   | C* - Fund            |                                    | D - To Anoth          |               |   |  |  |  |  |
| E - Salaries                        | F* - Equipment                                  | G - Politic          |                                    |                       |               | Office Expenses   |  |  |  |  |
| I - Postage                         | J - Penalties                                   | K* - Offic           | e Expenses                         | Q* - Donatio          | n to Lega     | al Expense Fund   |  |  |  |  |
| O* - Other  * Codes require         | e detailed explanati                            | on in required re    | marks field (k)                    | Alaska vale sveti esa |               |   |  |  |  |  |
| Codes require                       | detaneu explanati                               | on in required re    | marks nelu (k)                     |                       |               | AND SECOND PROPERTY AND PARTY AND PROPERTY AND PARTY AND PARTY AND PARTY. |  |  |  |  |

| T. 1  |                      |           |           |       | Amer       | ıdment | 200000      |    |
|---|----------------------|-----------|-----------|-------|------------|--------|-------------|----|
| Disbursements   | Pg                   | 3         | of        | 6     |            | Yes    | $\boxtimes$ | No |
| Use this form to report expenditures from the committee for; operat | ing expenses         | , contrib | utions to | candi | date/polit | ical   |             |    |
| committees and coordinated party expenditures.                      |                      |           |           |       | -          |        |             |    |
| 1. Committee Full Name (and Fund if applicable)                     | all Section that was |           |           |       | 2. ID I    | Number | r           |    |
|   |                      |           |           |       | TT OF      |        |             |    |

| 1. Committee Full Name (and Fund if applicable)  2. ID Number  |  |                          |                                   |                           |  |                |  |
|--|--|--------------------------|-----------------------------------|---------------------------|--|----------------|--|
| COMMITTEE TO ELECT CHALMERS L. MCDOUGALD   |  |                          |                                   |                           |  | KCE4J3         |  |
| - A A  | 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)  |                          |                                   |                           |  |                |  |
| Operating I  |  | Contributions to Ca      |                                   | ates/Political Committees |  | oordinate      | d Party Expenditures   |
| 4. Payee Inform  |  |                          | -                                 | dd 🔲                      | Remove   |                |  |
| a. Full Name, Mail   | ing Address & Phone  |                          | b.                                | Coordinated Committee     | Name   | d. Co          | mments   |
| (include city, state,  | & zip)   |                          | 1                                 |                           |  |                |  |
| NAACP  |  |                          |                                   |                           |  | _              |  |
| 707 MURCHIS  |  |                          | c.                                | Level Registered (Specify | <u> </u>   | 4              |  |
| FAYETTEVIL   | LE, NC 28301   |                          | 1 -                               | Federal                   | County:  | 2002           |  |
| 910-484-6166   |  |                          | L                                 | State 🖂                   | Municipality:  | e. Ele         | ection Sum to Date   |
|  |  |                          |                                   |                           |  | \$ 7           | 75.00  |
| f. Account Code  | g. Form of Payment   | h, Purpose Code          | i. Date (mm/dd/yyyy) j. Amount k. |                           | k. Re  | quired Remarks |  |
| 1  | CHECK 2064   | В                        |                                   | 08/20/2015                | \$75.00  | CAN            | /IPAIGN  |
| 1  | CHECK 2004   | В                        |                                   | 08/20/2013                | \$73.00  | ADV            | /ERTISEMENT  |
|  |  |                          |                                   |                           | \$   |                |  |
| 4. Payee Inform  | l<br>ration  |                          | A                                 | dd                        | Remove   |                |  |
|  | ing Address & Phone  |                          | 1                                 | Coordinated Committee     | -12 Reg Lowy III - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 | d. Co          | mments   |
| (include city, state,  |  |                          |                                   |                           |  |                |  |
|  | ENTERPRISES, INC   | 2                        | 1                                 |                           |  |                |  |
| 829 GILLESPI   | 경기에 가득하다니는 사람들이 없는데 가는 사람이 되었다면 하게 되었다.  |                          | c.                                | Level Registered (Specify | )  |                |  |
| FAYETTEVIL   |  |                          | I                                 | Federal                   | County:  |                |  |
| 910-323-3315   |  |                          | ١Ē                                | State                     | Municipality:  | e. Ele         | ction Sum to Date  |
|  |  |                          |                                   |                           |  | \$ 4           | 75.62  |
| f. Account Code  | g. Form of Payment   | h. Purpose Code          | 1                                 | i. Date (mm/dd/yyyy)      | j. Amount  | k. Re          | quired Remarks   |
| 1  | DEBIT CARD   | 0                        |                                   | 08/182015                 | \$210.00   | TEE            | SHIRTS   |
| 1  | DEBIT CARD   | 0                        |                                   | 06/162013                 | \$210.00   |                | 1PAIGN WORKER  |
| 1  | DEBIT CARD   | 0                        |                                   | 08/21/2015                | \$265.62   |                | SHIRTS   |
|  |  |                          |                                   |                           |  | CAN            | MPAIGN WORKER  |
| 4. Payee Inform  |  |                          | A                                 | Coordinated Committee     | Remove   | d Co           | mments   |
|  | ng Address & Phone   |                          | D.                                | Coordinated Committee     | vanic  | u. Co.         | mments   |
| (include city, state,<br>LOWE'S  | & zip)   | 1.77                     | -                                 |                           |  |                |  |
| 1929 SKIBO SO  | MADE   |                          | C                                 | Level Registered (Specify | 1-   | -              |  |
| FAYETTEVILI  | The course in regions in the   |                          | -                                 | Federal                   | County:  | 1              |  |
| 910-487-5600   | DE, NC 20314   |                          | ᅡ                                 | State                     | Municipality:  | e. Ele         | ction Sum to Date  |
| 710 107 3000   |  |                          | -                                 | ] = [                     |  | 1              |  |
|  |  |                          |                                   |                           |  | \$ 4           | 8.10   |
| f. Account Code  | g. Form of Payment   | h. Purpose Code          |                                   | i. Date (mm/dd/yyyy)      | j. Amount  | k. Red         | quired Remarks   |
| 1  | DEBIT CARD   | 0                        |                                   | 08/26/2015                | \$24.05  | 1.12400000000  | L FOR  |
| 1  | DEBIT CARD   | 0                        |                                   | 00/20/2013                | Ψ24.03   | YAR            | D SIGNS  |
| 1  | DEBIT CARD   | 0                        |                                   | 08/27/2015                | \$24.05  |                |  |
| 5. Total only th   |  |                          | May 18                            |                           |  | \$             | 598.72   |
| And the second section of the second second section and the second second second section secti | CRO-1310 Pages   |                          |                                   |                           |  |                |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)   |  |                          |                                   |                           |  | \$             | 4,104.68   |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)   |  |                          |                                   |                           | N. ♣ 1200 (200 (200) 2                               |                |  |
| (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)  |  |                          |                                   |                           |  |                |  |
| The state of the s | The state of the s |                          |                                   |                           | D - To Anoth   | er Cond        | idate  |
| A* - Media<br>E - Salaries   | B* - Printing<br>F* - Equipment  | C* - Fund<br>G - Politic |                                   |                           |  |                | Office Expenses  |
| I - Postage  | J - Penalties  | K* - Offic               |                                   |                           |  |                | gal Expense Fund   |
| O* - Other   | HOLD STATES  |                          |                                   | La Andrea                 |  | and the second | work with the cores with the cores of the co |
| * Codes requir   | e detailed explanati   | on in required re        | ema                               | rks field (k)             |  |                |  |

|   |         |         |           |       | Amei       | idment |             |   |
|---|---------|---------|-----------|-------|------------|--------|-------------|---|
| Disbursements   | Pg      | 4       | of        | 6     |            | Yes    | $\boxtimes$ | N |
| Use this form to report expenditures from the committee for operating e | vnencec | contrib | utions to | candi | date/nolit | ical   |             |   |

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  |  |                                    |   |               |  |  |
|--|--|------------------------------------|---|---------------|--|--|
| COMMITTEE  | TO ELECT CHAL  |                                    |   |               | KCE4J3   |  |
| 3. Type of Disb  |  |                                    | CRO-1310 forms for each   |               |  |  |
|  | Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures   |                                    |   |               |  |  |
| 4. Payee Inform  |  |                                    | Add   | Remove        |  |  |
|  | ing Address & Phone  |                                    | b. Coordinated Committee N  | lame          | d. Comments  |  |
| (include city, state,  |  | TX AL SAL                          |   |               |  |  |
| ADAMS PROD   |  |                                    | c. Level Registered (Specify)   |               | _  |  |
| 957 COUNTRY  | 4  |                                    |   |               |  |  |
| FAYETTEVILLE, NC 28303   |  |                                    | Federal _   | County:       |  |  |
| 910-864-7080   |  |                                    | State 🖂   | Municipality: | e. Election Sum to Date                              |  |
|  |  |                                    |   |               | \$ 291.04  |  |
| f. Account Code  | g. Form of Payment   | h. Purpose Code                    | i. Date (mm/dd/yyyy)  | j. Amount     | k. Required Remarks                                  |  |
| ,  |  |                                    | entral de de la companya del companya del companya de la companya |               | LADDER WIRE  |  |
| 1.   | DEBIT CARD   | 0                                  | 08/27/2015  | \$171.20      | YARD SIGNS   |  |
| 1  | DEBIT CARD   | 0                                  | 08/27/2015  | \$119.84      | LADDER WIRE  |  |
|  |  |                                    |   |               | YARD SIGNS   |  |
| 4. Payee Inform  |  |                                    | Add   | Remove        |  |  |
|  | ng Address & Phone   |                                    | b. Coordinated Committee N  | ame           | d. Comments  |  |
| (include city, state,  |  |                                    | -   |               |  |  |
| NERO COLEM   |  |                                    | 15 15 16 16   |               | _  |  |
| P.O. BOX 1136  |  |                                    | c. Level Registered (Specify)   |               | 4  |  |
| FAYETTEVILI  | LE, NC 28302   |                                    | Federal   | County:       | Fl. d. G. A. D.A.                                    |  |
| 910-273-3339   |  |                                    | State   | Municipality: | e. Election Sum to Date                              |  |
|  |  |                                    |   |               | \$ 150.00  |  |
| f. Account Code  | g. Form of Payment   | h. Purpose Code                    | i. Date (mm/dd/yyyy)  | j. Amount     | k. Required Remarks                                  |  |
| 1  | CHECK 2066   | Е                                  | 08/10/2015  | \$150.00      | CAMPAIGN   |  |
| •  | CHECK 2000   | L                                  | 00/10/2013  | \$150.00      | WORKER   |  |
|  |  |                                    |   | \$            |  |  |
| 4. Payee Inform  | ation  |                                    | Add   | Remove        |  |  |
|  | ng Address & Phone   |                                    | b. Coordinated Committee N  |               | d. Comments  |  |
| (include city, state,  | ALCOHOL: ALCOHOL: A PART OF THE PART OF TH |                                    |   |               |  |  |
| FAYETTEVILI  |  |                                    |   |               |  |  |
| P.O. BOX 9166  |  |                                    | c. Level Registered (Specify)   | , IN V I      | 1  |  |
| FAYETTEVILI  |  |                                    | Federal   | County:       | 1  |  |
| 910-323-3120   | Section Company of the Section Company of the Compa |                                    | State 🖂   | Municipality: | e. Election Sum to Date                              |  |
|  |  |                                    |   |               | ¢ 250.00   |  |
|  |  |                                    |   |               | \$ 250.00  |  |
| f. Account Code  | g. Form of Payment   | h. Purpose Code                    | i. Date (mm/dd/yyyy)  | j. Amount     | k. Required Remarks                                  |  |
| 1  | CHECK 2067   | Α                                  | O8/10/2015  | \$250.00      | ADVERTISEMENT  |  |
|  |  |                                    |   | *             |  |  |
|  |  |                                    |   | \$            |  |  |
| 5. Total only thi  | s Page   |                                    |   |               | \$ 691.04  |  |
| THE RESERVE OF THE PROPERTY OF | CRO-1310 Pages   |                                    |   |               |  |  |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)  \$ 4,104.68  |  |                                    |   |               |  |  |
| (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)   |  |                                    |   |               |  |  |
| Company of the last of the las | NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN  | THE RESERVE OF THE PERSON NAMED IN | 0 if Coordinated Party Expenditu  | res)          |  |  |
|  | es (List detailed exp  |                                    |   |               |  |  |
| A* - Media   | B* - Printing  | C* - Fund                          |   | D - To Anoth  |  |  |
| E - Salaries I - Postage   | F* - Equipment<br>J - Penalties  | G - Politic                        | cal Party<br>ce Expenses  |               | g Public Office Expenses<br>on to Legal Expense Fund |  |
| O* - Other   | J - 1 channes  | K - Ollic                          | Le Expenses   | Q - Donatio   | a to Degai Expense Punu                              |  |
| * Codes require detailed explanation in required remarks field (k)   |  |                                    |   |               |  |  |

| Disbursem   | ants   |  | ,<br>ne  |  | Amendment  |
|---|--|--|--|--|--|
|   |  | from the commit  | Pg<br>tee for; operating expenses,   | <u>5</u> of <u>6</u><br>s, contributions to ca |  |
| committees and  | coordinated party ex   | xpenditures.   | O  | , , ,  |  |
|   | Full Name (and Fun   |  |  | A Company of the St.                           | 2. ID Number   |
|   | TO ELECT CHALM   |  |  | CD!-Luman                                      | KCE4J3   |
| 3. Type of Disb Operating E                             |  |  | CRO-1310 forms for each to<br>andidates/Political Committees                                       |  | ent.)<br>ordinated Party Expenditures                          |
| 4. Payee Inform   |  | Control  | Add  | Remove   | dinaco i arij Dapanora   |
|   | ling Address & Phone   |  | b. Coordinated Committee N   | NAME OF TAXABLE PARTY OF TAXABLE PARTY.        | d. Comments  |
| (include city, state,                                   | , & zip)<br>IE CENTERS, LLC  |  | c. Level Registered (Specify)  |  |  |
| FAYETTEVILI   |  |  | Federal  | County:  | 5  |
| 910-487-5600  | <i>uz</i> ,  |  | State  | Municipality:                                  | e. Election Sum to Date  |
|   |  |  |  |  | \$ 104.39  |
| f. Account Code   | g. Form of Payment   | h. Purpose Code  | i. Date (mm/dd/yyyy)   | j. Amount                                      | k. Required Remarks  |
| 1   | DEBIT CARD   | 0  | 09/14/2015   | \$31.89  | WOOD FOR SIGN  |
| 1   | DEBIT CARD   | 0  | 09/15/2015   | \$72.50  | WOOD FOR SIGN<br>POST HOL DIGGER                               |
| 4. Payee Inform   |  |  | Add  | Remove   |  |
| a. Full Name, Maili<br>(include city, state,            | ing Address & Phone  | 11 = 30  | b. Coordinated Committee N   | ame  | d. Comments  |
| 1929 SKIBO SC<br>FAYETTEVILI<br>910-487-5600            |  |  | c. Level Registered (Specify)  Federal State   | County: Municipality:                          | e. Election Sum to Date \$ 63.77                               |
| f. Account Code   | g. Form of Payment   | h. Purpose Code  | i. Date (mm/dd/yyyy)   | j. Amount                                      | k. Required Remarks  |
| 1   | DEBIT CARD   | 0  | 09/15/2015   | \$63.77  | WOOD FOR SIGN  |
|   |  |  |  | \$   |  |
| 4. Payee Inform   | nation   |  | Add  | Remove   |  |
|   | ing Address & Phone  |  | b. Coordinated Committee Na  | ame  | d. Comments  |
| include city, state, o<br>OFFICE MAX S<br>1800 SKIBO RO | STORE 6230   |  | c. Level Registered (Specify)  | 1 1 1 1  |  |
| FAYETTEVILL   | LE,NC 28303  | ,  | Federal  | County:  |  |
|   |  | ,  | State 🖂  | Municipality:                                  | e. Election Sum to Date  |
|   |  |  |  |  | \$ 30.27   |
| . Account Code  | g. Form of Payment   | h. Purpose Code  | i. Date (mm/dd/yyyy)   | j. Amount                                      | k. Required Remarks  |
|   |  | A Service of Service o |  |  | PAPER  |
| 1   | DEBIT CARD   | K  | 09/22/2015   | \$30.27  |  |
|   |  |  |  | \$   |  |
| 5. Total only thi                                       |  |  |  |  | \$ 198.43  |
| (This line goes in (<br>(This line goes in (            | and the same of th | umary Page CRO-1100  | 0 if Operating Expenses)<br>0 if Contrib to Candidates/Politic<br>0 if Coordinated Party Expenditu | cal Comm)                                      | \$ 4,104,68  |
| . Purpose Code  | es (List detailed exp  |  |  |  |  |
| A* - Media E - Salaries - Postage                       | B* - Printing<br>F* - Equipment<br>J - Penalties   |  |  |  | r Candidate<br>Public Office Expenses<br>to Legal Expense Fund |

\* Codes require detailed explanation in required remarks field (k) CRO-1310

A\* - Media

E - Salaries
I - Postage
O\* - Other

|  |                       |  | Pg<br>tee for; operating expenses,                            |  | Amendment of 6 Yes No to candidate/political |  |  |
|--|-----------------------|--|---|--|--|--|--|
| The second secon |                       | The state of the s |   |  | 2. ID Number                                 |  |  |
| 1. Committee Full Name (and Fund if applicable) COMMITTEE TO ELECT CHALMERS L. MCDOUGALD   |                       |  |   |  | KCE4J3                                       |  |  |
| 3. Type of Disb  |                       |  | CRO-1310 forms for each t                                     | vne of Dishurs   |  |  |  |
| Operating I  |                       |  | andidates/Political Committees                                |  | Coordinated Party Expenditures               |  |  |
| 4. Payee Inform  |                       |  | Add   | Remove   |  |  |  |
|  | ing Address & Phone   |  | b. Coordinated Committee N                                    | SECULIAR SECU | d. Comments                                  |  |  |
| (include city, state,<br>VICTORYSTO  | & zip)<br>DRE.COM     |  |   |  |  |  |  |
| 5200 30 <sup>TH</sup> STR  | 0-1001-0-300-001-001  |  | c. Level Registered (Specify)                                 | <u> </u>   |  |  |  |
| DAVEPORT, I  | A 52802               |  | Federal   | County:  |  |  |  |
| 866-241-2294   |                       |  | State 🖂   | Municipality:  | e. Election Sum to Date                      |  |  |
|  |                       |  |   |  | \$ 325.21                                    |  |  |
| f. Account Code  | g. Form of Payment    | h. Purpose Code  | i. Date (mm/dd/yyyy)  | j. Amount  | k. Required Remarks                          |  |  |
| 1  | DEBIT CARD            | О  | 09/20/2015  | \$325.21   | CAMPAIGN SIGNS                               |  |  |
|  |                       |  |   | \$   |  |  |  |
| 4. Payee Inforn  | nation                |  | Add   | Remove   |  |  |  |
|  | ing Address & Phone   |  | b. Coordinated Committee N                                    | ame  | d. Comments                                  |  |  |
| (include city, state,  | & zip)                |  |   |  |  |  |  |
|  |                       |  | c. Level Registered (Specify)  Federal State                  | County:<br>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                          |  |  |
| I. Account Cour  | g. Form of Fayment    |  | n Date (minutaryyy)   |  | K Kequite Kellarks                           |  |  |
|  |                       |  |   | \$   |  |  |  |
|  |                       |  |   | \$   |  |  |  |
| 4. Payee Inform  |                       |  | Add   | Remove   |  |  |  |
|  | ng Address & Phone    |  | b. Coordinated Committee Na                                   | ıme  | d. Comments                                  |  |  |
| (include city, state,  | & zip)                |  | 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                          |  |  |
|  |                       |  |   | \$   |  |  |  |
|  |                       |  |   | \$   |  |  |  |
| 5. Total only this Page  |                       |  |   |  | \$ 325.21                                    |  |  |
| 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)   |                       |  |   |  | \$ 4,104.68                                  |  |  |
|  | es (List detailed exp | The second secon | STATE OF THE OWNER, WHEN PARTY AND PARTY AND PARTY AND PARTY. | res)   |  |  |  |
| I ai pose coul   | (List detailed ex     | onditure code III  | (11.) 40010)  |  |  |  |  |

D - To Another Candidate

H\* - Holding Public Office Expenses

Q\* - Donation to Legal Expense Fund

C\* - Fundraising G - Political Party

K\* - Office Expenses

A\* - Media
E - Salaries
I - Postage
O\* - Other

B\* - Printing
F\* - Equipment
J - Penalties