Disclosure Report Cover Use this form for general report and comm	ittee informa	ation, must be	signed and sub	omitted along with	Amendment Yes No other detailed forms.
Do not use this form to update information					addictional participation of the control of the con
1. Committee Information					
a. Full Name					c. ID Number
COMMITTEE TO ELECT CHALMERS	L. MCDOU	GALD			KCE4J3
b. Mailing Address (include City, State and Zip Co	ode)				d. Date Filed
1826 EICHELBERGER DR.					10/26/2015
FAYETTEVILLE, NC 28303					e, Phone Number
					910-488-4635
2. Report Year 3. Period Start Date	(mm/dd/yy)	4. Period I	End Date	5. Treasurer Fu	ill Name
2015 09/23/201	5		9/2015	ALVIN MARSI	HALL
6. Type of Committee (Check One)	9. Ty	pe of Report	(check on	ly one type of repo	ort from one category)
Candidate Campaign Party	Munic		State/C	County	Referendum
PAC Referendum		Organizational		Organizational	Organizational
Independent Joint Fundrai Expenditure Joint Fundrai Legal Expense Fund	ser 🔲	Thirty-five day	'	Quarterly	Pre-referendum
7. Type of Fund (if applicable, check one)	\$6.40m	Pre-primary		First	Final
"Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund		Pre-runoff		Third	Annual
		Semi-annual		Fourth	Special
C Other	님	Mid Year Year End		Semi-annual Mid Year	10. Special Report Name
Other:	ᅵ님	Final	IH	Year End	To. Special Report Ivame
8. Number of Fundraisers this Report		Special	IĦ.	Final	
of Humber of Paragraphs	This said			Special	
11. Account Information			11. Account	Information	
a. Financial Institution Full Name			a. Financial Inst	titution Full Name	
CARTER BANK & TRUST					
b. Purpose c. Account Code			b. Purpose	<u>y</u>	c. Account Code
CAMPAIGN ACC	Ĩ				
FOR RECEIPTS AND d. Period Begin I	Ralance				d. Period Begin Balance
EXPENDITURES	Dalance				
\$ 3380.34					\$
CERTIFICATION	- 1		X = 4		V
I certify that the Committee or Fund is in c	ompliance w	ith all applica	ble provisions	of Article 22A, 22	B, & 22D-22M of Chapter 163 of
the NC General Statutes and that no funds	are comming	gled with proh	ibited or other	non-disclosed fund	ls. I further certify that this report
is complete, true and correct and that I hav	e been traine	d by the NC S	State Board of I	elections.	10/26/2015
Alvin Marshall Printed Name of Signer			gnature of Appoin	ted Treasurer	Date
FOR OFFICE USE ONLY			/ /	1	
ibar	5	Employees	W.		Delivery Method
Date Received: 10.316)	Employee:	AM	1 aring	Normal Mail
Date Postmarked:		Employee:)	Registered Mail Hand Delivered
Les contracts in accommendation to the contract of the contrac		- 71 -1			Electronically Filed
Date Scanned:		Employee:			Signer has not received
Date Data Entered:		Employee:			mandatory training
Please Note: This form cannot be used	to amend co	mmittee infor	mation such as	the committee add	dress, treasurer, assistant treasurer,

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

KCE4J3 Stal this Total this Election Cycle 10.34 \$ 415.02 1350.00 1350.00
Election Cycle 50.34 \$ 415.02 5.00 \$ 1350.00 6.00 \$ 6990.00 \$ 200.00 \$
\$ 415.02 0.00 \$ 1350.00 0.00 \$ 6990.00 \$ 200.00
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\$ 0
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\$ 0
\$ 0

Aggregated Contributions from Individuals

Page

<u>1</u> of

1

Amendment

Yes

No

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

			d if applicable)			2. ID	Number	
COM	MITTEE TO E	ELECT CHALN	MERS L. MCDOUGALD			KCE4J3		
3. Con	itributor Info	rmation						
a. Amer		b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyy	y)	f. Amount	
	Add Remove	1	CHECK 5984		09/18/2	015	\$ 50.00	
	Add Remove	1	CHECK 1113		10/03/2	015	\$ 20.00	
	Add Remove	1	CHECK 1065		10/03/2	015	\$ 50.00	
<u> </u>	Add Remove	1	CHECK 6586		10/03/2	015	\$ 15.00	
Ħ	Add Remove	1	CHECK 1370		10/03/20	015	\$ 50.00	
Ħ	Add Remove	1	CHECK 3678		10/03/20	015	\$ 20.00	
	Add Remove	- 1	CHECK 2122		10/03/20	015	\$ 25.00	
	Add Remove	1	CHECK 10414		10/01/20	015	\$ 25.00	
Ħ	Add Remove	1	CHECK 1591		10/05/20	015	\$ 25.00	
	Add Remove	1	CHECK 7960		10/14/20	015	\$ 50.00	
	Add Remove						\$	
	Add						\$	
	Remove Add		- Comment				\$	
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	Remove					\$	\$	
4. Total only this Page 5. Total of ALL CRO-1205 Pages							330.00	
			mmary Page CRO-1100)			\$	330.00	

		m Individuals	over \$50	Pg O or contributions und			Amendmen Yes ot used	
Commence of the Commence of th		(and Fund if applica	COLUMN TWO IS NOT			2. ID Nui		
COMMI	TTEE TO ELECT	CHALMERS L. MC	DOUG	ALD			КСЕ4Ј3	
3. Contr	ibutor Informati	on		Add Re	move			
a. Full Nar	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
(include	city, state, & zip)			PASTOR				
	A. ROWDEN							
	TMAN RD.	01.4		c. Employer's Name/Sp SAVANNAH MIS		4		
FAYELL	EVILLE, NC 283	014		BAPTIST CHURC		e. Election Sum to Date		
İ				BAT TIST CHOKE	311			
			1		T	\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/y		k. Amount	AND STATE OF STATE OF
	1	CHECK			09/23/2	2015	\$	100.00
							\$	
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3. Contri	ibutor Informatio	on		Add 🗌 Rei	move			
I The Market I Strategic Line	ne, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	city, state, & zip)	11 - 21		RETIRED				
10-12 1000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	I S. SAMUEL ARRON DR			c. Employer's Name/Sp	recific Field	-		
	EVILLE, NC 283	03		C. Employer S Name/S	reme Field	-		
						e. Election S	Sum to Date	
						\$	200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	1	CHECK			09/23/2	2015	\$	100.00
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3. Contri	butor Informatio	on		Add Rei	nove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	ts	779,18 15
the state of the s	city, state, & zip)			LAWYER				
JOSE CO	IBAR DR.			c. Employer's Name/Sp	posific Field	-		
THE STATE OF THE S	EVILLE, NC 283	03		THE CHARLESTO		1		
TAILII	EVIEDE, NC 203	03		ing om nages is	on oncor	e. Election S	Sum to Date	To the
						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	ууу)	k. Amount	
	1	CHECK 1589			09/17/2	015	\$	300.00
							\$	
							\$	
4. Total	only this Page	e				\$		500.00
5. Total	of ALL CRO	-1210 Pages				\$		1140.00

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

		m Individuals	over \$5		eg <u>2</u> of of order \$50 if form CR		Amendment Yes of used	t No
1. Comn	ittee Full Name ((and Fund if applica	ble)		De 18 de Labora (1986)	2. ID Num	iber	
COMMI	TTEE TO ELECT	CHALMERS L. MC	DOUG	ALD			КСЕ4Ј3	
3. Contri	ibutor Informatio	on		Add R	emove			
	ue, Mailing Address &	& Phone	V III	b. Job Title/Profession	on	d. Comment	s	
	city, state, & zip)			RETIRED				
0.000	ICE HEDGEPETI	H, JR.				-		
	NE CREEK DR.	HЯ		c. Employer's Name/	Specific Field	-		
910-867-	EVILLE, NC 283 3569	14				e. Election S	um to Date	
710-607	3309					\$	75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	 Kind Description	j. Date (mm/dd/yy	(yy)	k. Amount	
	1	CHECK 5778			10/01/2		\$	75.00
	-						\$	
							-	
							\$	
EL SEED OF STREET	butor Informatio				emove			4
	ne, Mailing Address &	& Phone			b. Job Title/Profession d. Comments			
	city, state, & zip)		5. W.	MORTICIAN				
	NA WISEMAN IBERLAND ST.			c. Employer's Name/S	Specific Field	-		
	EVILLE, NC 283	01		WISEMAN MOR		-		
TAILI	E VIEBE, IVE 203	01				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/yy	уу)	k. Amount	
	1	CHECK 546			09/24/20	015	\$	100.00
							\$	
							\$	
3. Contri	butor Informatio	n		Add Re	emove			
a. Full Nam	ne, Mailing Address &	& Phone		b. Job Title/Professio	V. China and Chi	d. Comments	S	
	city, state, & zip)		(X -25	INSURANCE AC	GENT			
BILLY R				P 1 1 N	Sig- Ei-14	-		
	FIELD DR.	11		c. Employer's Name/S KING STATE FA		1		
FAIEII	EVILLE, NC 283	11		KINGSTATETA	and in it	e. Election St	um to Date	
						\$	100.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount	THE STATE
	1	CHECK10752			09/24/20	015	\$	100.00
							\$	
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4. Total	only this Page	e				\$	L	275.00
	of ALL CRO		17.834					1140.00
		Detailed Summary Page C.	RO-1100)		\$		1140.00

Committee Full Name (and Fund if applicable)			m Individuals	over \$5		0	of <u>4</u> RO 1205 is 1	Amendme Ye	-	
Add								A STATE OF THE PARTY OF THE PAR		
A. Full Name, Mailing Address & Phone (include city, state, & zij)	COMMI	TTEE TO ELECT	CHALMERS L. MC	DOUG	ALD			KCE4J3		
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SGM EZRA M SOMERVILLE 618 MAXINIS STREET FAYETTEVILLE, NC 28303	The second	The second secon	& Phone			on	d. Comme	nts		
C. Employer's Name/Specific Field C. Election Sum to Date C. Ele		The state of the s	ите		RETIRED					
FAYETTEVILLE, NC 28303			ILLE		c Employer's Name/	Specific Field	-			
Prior g. Account Code h. Form of Payment j. In-Kind Description j. Date (mm/dd/yyyy) k. Amount l. In-Kind Description j. Date (mm/dd/yyyy) k. Amount l. In-Kind Description l	ATTRACTOR SET OF SERVICE		303		Cr Employer 37 tunio	Specific Field	1			
Prior							e. Election	Sum to Date		
1							\$ 150.00			
	f. Prior	g. Account Code	h. Form of Payment	i. In-I	Kind Description	j. Date (mm/dd/	уууу)	k. Amount		
		1	CHECK 154			10/03/	2015	\$	150.00	
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A. Full Name, Mailling Address & Phone (include city, state, & zip)								\$		
CONTRACT INVESTIGATOR CONTRACT INVESTIGATOR Contributor Information Add Retributor Information Contributor Information Add Retributor Information Retrib	3. Contr	ibutor Informati	on		Add 🔲 R	emove				
C. Employer's Name/Specific Field KEYPOINT GOVERNMENT SOLUTIONS C. Election Sum to Date \$ 40.00	a. Full Name, Mailing Address & Phone				b. Job Title/Profession	on	d. Commer	nts		
C. Employer's Name/Specific Field KEYPOINT GOVERNMENT SOLUTIONS E. Election Sum to Date \$ 40.00					CONTRACT IN	VESTIGATOR				
REYPOINT GOVERNMENT SOLUTIONS SOLUTIONS C. Election Substitute Substitute					EII-N	9	_			
SOLUTIONS										
S A0.00 S Form of Payment I. In-Kind Description J. Date (mm/dd/yyyy) K. Amount Adough Adoug				CONTRACTOR SERVICES OF SERVICES	e. Election	Sum to Date				
F. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount						\$	40.00			
	f Deion	a Assumt Code	h Form of Payment	i In L	(ind Description	i Dote (mm/dd/s				
S				J. All-A	Kina Description	/// 000 NOV	10000 100 100		CONTRACTOR OF THE PARTY OF THE	
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RETIRED	18) BY LINE WAY OF A VIII.	Water Strategies and Strategies of the Strategie					d. Commer	nts		
730 SPYGLASS DR.										
FAYETTEVILLE,NC 28311	A ANGELOWING CONTROL OF THE PARTY									
C. Election Surve			2021		c. Employer's Name/S	Specific Field				
S 100.00 S S S S S S S S S	FAYETTEVILLE,NC 28311						a Floation	Sum to Date	7-1	
f. Prior g. Account Code h. Form of Payment i. In-Kind Description j. Date (mm/dd/yyyy) k. Amount 1 1 CHECK 7585 10/01/2015 \$ 100.00										
□ 1 CHECK 7585 10/01/2015 \$ 100.00 □ \$ □ \$ \$	f. Prior	g. Account Code	h. Form of Payment	j. In-K	(ind Description	i. Date (mm/dd/s				
					and December		2. 6.2.00			
								\$		
4. Total only this Page \$ 290.00								\$		
	4. Total	only this Pag	e				\$		290.00	

5. Total of ALL CRO-1210 Pages

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

1140.00

\$

		m Individuals lividual contributions	over \$5		Pg <u>4</u> nder \$50 if form (of <u>4</u> CRO 1205 is r	Amendmen Yes Yes		
1. Com	mittee Full Name	(and Fund if applica	ble)			2. ID Nu	mber		
СОММ	ITTEE TO ELECT	Γ CHALMERS L. MC	CDOUG	ALD			KCE4J3		
3. Cont	ributor Informati	on		Add R	temove		and the second second	agoga agoga	
Description of the	me, Mailing Address	ASSESSMENT OF THE PARTY OF THE		b. Job Title/Profession		d. Comments			
	e city, state, & zip)			PREACHER					
20	JAMALE JOHN	SON							
1915 ER	RNEST STREET			c. Employer's Name/	Specific Field				
FAYET	TEVILLE, NC 28:	301-3449		MT SINIA MISS					
				BAPTIST CHUR	RCH	e. Election	Sum to Date		
						\$	\$ 75.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd	/уууу)	k. Amount		
	1	CHECK 5388			10/0	/2015	\$	75.00	
							\$		
							\$		
3. Contr	ibutor Informati	on		Add R	emove				
CALL MARKETINE	me, Mailing Address	PRODUCTION OF THE PROPERTY OF	No.	b. Job Title/Professio	n	d. Commer	its		
				c. Employer's Name/	Specific Field	e. Election	Sum to Date		
f, Prior	g. Account Code	h. Form of Payment	i, In-F	Kind Description	j. Date (mm/dd	/уууу)	k. Amount		
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ALC: NOT DESCRIPTION OF THE PARTY OF THE PAR	ibutor Informatio			Add Re	emove				
	me, Mailing Address	& Phone		b. Job Title/Professio	n	d. Commen	its		
(include	city, state, & zip)								
				c. Employer's Name/S	Specific Field				
						e. Election S	Sum to Date	7 1 17	
						\$			
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							\$		
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	l only this Pag					\$		75.00	
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1140.00

	nents o report expenditures I coordinated party e		nitte	e for; operating expe	Pg enses,	1 of contributions to	3 candida	Amendment Ves No
	Full Name (and Fur	A STATE OF THE PARTY OF THE PAR	()				Branch St.	2. ID Number
	TO ELECT CHALL			GALD				KCE4J3
3. Type of Disl	oursement (Plea	ase use separat	e Ch	RO-1310 forms for e	ach t	ype of Disburser	ment.)	
Operating				lidates/Political Committe				d Party Expenditures
4. Payee Inform	nation			Add				
a. Full Name, Mai	ling Address & Phone			b. Coordinated Commi	ttee Na	ame	d. Co	mments
(include city, state	, & zip)				19			
VISTAPRINT								
95 HAYDEN				c. Level Registered (Spe	ecify)			
LEXINGTON, MA 02421				Federal		County:		
1-866-614-8002				State	\boxtimes	Municipality:	e. Ele	ction Sum to Date
							\$ 4	7.06
f. Account Code	g. Form of Payment	h. Purpose Cod	e	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	quired Remarks
1	DEBIT CARD	0				\$47.06	CAR	DOOR MAGNET
						\$		
4. Payee Inform	nation			Add		Remove		
	ing Address & Phone	41.0	-	b. Coordinated Committee Name			d. Con	nments
(include city, state, HOME DEPO	, & zip)							
2060 SKIBO R				c. Level Registered (Spe	cify)			
FAYETTEVIL	LE, NC 28314			Federal		County:		
910-864-4002				State	\boxtimes	Municipality:	e. Elec	ction Sum to Date
							\$ 5	8.74
f. Account Code	g. Form of Payment	h. Purpose Code	:	i. Date (mm/dd/yyyy)	j. Amount	k. Rec	juired Remarks
1	DEBIT CARD	О		10/06/2015		\$58.74	1-0-0370-03	LS TO BUILD IPAIGN SIGNS
						\$		
4. Payee Inforn	nation			Add		Remove		
	ing Address & Phone		n D	b. Coordinated Commit	tee Na	me	d. Cor	nments
(include city, state,								
ADAMS PROD								
957 COUNTRY	CLUB ROAD			c. Level Registered (Spe	cify)			
EAVETTEVILLE NO 20201							1	

4. Payee Inform	mation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee I	Name	d. Comments
(include city, state	, & zip)	K. L.		ÿ.	
VISTAPRINT					
95 HAYDEN	AVENUE		c. Level Registered (Specify)		
LEXINGTON,	MA 02421		Federal	County:	
1-866-614-800	2		State 🖂	Municipality:	e. Election Sum to Date
					\$ 47.06
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	0		\$47.06	CAR DOOR MAGNET
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone	41.0	b. Coordinated Committee N		d. Comments
(include city, state	Series and the series and recognished				
HOME DEPO					
2060 SKIBO R	OAD		c. Level Registered (Specify)	ya	
FAYETTEVILLE, NC 28314			Federal	County:	
910-864-4002	-864-4002 State		State 🖂	Municipality:	e. Election Sum to Date
					\$ 58.74
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEDIT CARD			050.74	TOOLS TO BUILD
1	DEBIT CARD	0	10/06/2015	\$58.74	CAMPAIGN SIGNS
				\$	
4. Payee Inform	nation		Add	Remove	
	ing Address & Phone		b. Coordinated Committee N		d. Comments
(include city, state,					
ADAMS PROI					
957 COUNTRY	CLUB ROAD		c. Level Registered (Specify)		
FAYETTEVIL	LE, NC 28301		Federal	County:	
910-488-4120			State 🖂	Municipality:	e. Election Sum to Date
					6 22.07
					\$ 23.97
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	О	10/01/2015	\$23.97	LADDER WIRE FOR CAMPAIGN SIGNS
				\$	
5. Total only th	is Page				\$ 129.77
	CRO-1310 Pages				
	line 13a of Detailed Sun	ımary Page CRO-1100) if Operating Expenses)		e 2110.65
A		70 (20)) if Contrib to Candidates/Politic) if Coordinated Party Expenditi		\$ 2119.65
	es (List detailed ex			ESTATE STATE	
A* - Media	B* - Printing	C* - Fund	raising		her Candidate
E - Salaries F* - Equipment G - Politi				g Public Office Expenses	
			e Expenses	Q* - Donati	on to Legal Expense Fund
O* - Other	a datailed avalage!	on in reculerd	marks field (la)		
Coues requir	e detailed explanati	on in required re	marks new (K)	ALEX DEVELOPED IN SERVICE	

					Ame	ndment		
Disbursements	Pg	2	of	3		Yes	\boxtimes	N
Use this form to report expenditures from the committee for; operating ex	menses.	contrib	utions to	cand	idate/polit	ical		

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

	Full Name (and Fun				2. ID Number
	TO ELECT CHALM				KCE4J3
3. Type of Disb			CRO-1310 forms for each		
Operating I	Expenses	Contributions to Ca	andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	aation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	Vame	d. Comments
(include city, state,	& zip)	<u> </u>			
LOWE'S					
1929 SKIBO S	QUARE		c. Level Registered (Specify)		
FAYETTEVIL	LE, NC 28314		Federal	County:	
910-487-5600			State 🖂	Municipality:	e. Election Sum to Date
					\$ 31.78
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK 2068	О	10/07/2015	\$31.78	2X4X8 FOR CAMPAIGN SIGNS
				\$	Criminal Storio
4. Payee Inforn	ation		Add	Remove	
a. Full Name, Maili	ing Address & Phone	VET TO	b. Coordinated Committee N	Vame	d. Comments
(include city, state,					
HOME DEPOT			1		
2060 SKIBO R	OAD		c. Level Registered (Specify)		
FAYETTEVILLE, NC 28314			Federal	County:	7
910-864-4002			State 🖂	Municipality:	e. Election Sum to Date
					\$ 32.68
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	О	10/12/2015	\$32.68	2X4-93"/SCREWS
1	DEBIT CARD	O	10/12/2013	\$32.08	CAMPAIGN SIGNS
				\$	
4. Payee Inform	ation		Add		
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state,	& zip)				
VISTAPRINT					
95 HAYDEN A			c. Level Registered (Specify)	Carl Walter The	
LEXINGTON,			Federal	County:	• • • • • • • • • • • • • • • • • • • •
1-866-614-8002	r.		State 🖂	Municipality:	e. Election Sum to Date
					\$ 1103.43
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	DEBIT CARD	0	10/07/2015	\$821.99	POSTCARDS MAILING FEE
1	DEBIT CARD	0	10/08/2015	\$281.44	OVERSIZED
					POSTCARDS
5. Total only thi					\$ 1167.89
	CRO-1310 Pages				
46 DEEAL	line 13a of Detailed Sum	18-11 18851	\$1 1051 AVO 551 AV5 451		\$ 2119.65
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	es (List detailed exp			D T 4	han Can didata
A* - Media E - Salaries	B* - Printing F* - Equipment	C* - Fund G - Politic			her Candidate g Public Office Expenses
I - Postage	J - Penalties		e Expenses		on to Legal Expense Fund
O* - Other		ik ome	C Dapenses	Q Domini	on to Began Expense I and
* Codes require	detailed explanation	on in required re	marks field (k)		

D:-L	1				Amendment
Disbursem		C 11	Pg	3 0	f 3 Yes No
committees and	o report expenditures I coordinated party e	i from the commit	tee for; operating expense	s, contributions	to candidate/political
	Full Name (and Fu	The second secon			2. ID Number
	TO ELECT CHALL		UGALD		KCE4J3
3. Type of Dish			CRO-1310 forms for each	type of Dishurs	
Operating I			andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ling Address & Phone		b. Coordinated Committee	THE RESERVE AND A STATE OF THE PARTY.	d. Comments
(include city, state,	, & zip)	<u> </u>			
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. Total only thi					\$ 821.99
. Total of ALL	CRO-1310 Pages				

(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 2119.65 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other * Codes require detailed explanation in required remarks field (k) CRO-1310 NC State Board of Elections December 2009

10.77									
48-Hour Notice	Page	1	of	1	П	Yes	\boxtimes	No	
Use this form to report all contributions of \$1,000 or more								(1-00-00)	

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1st Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3rd Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information					
a. Full Name	c. ID Number				
COMMITTEE TO ELECT CH	KCE4J3				
b. Mailing Address (include City, State and 2	d. Report Date				
1826 EICHELBERGER DR. FAYETTEVILLE, NC 28303-0	10/26/2015				
111111111111111111111111111111111111111			e. Phone Number		
			910-488-4635		
2. Contribution Information		2. Contribution Information			
a. Full Name, Mailing Address & Phone (include city, state, and zip)	Add Remove	a. Full Name, Mailing Address & Phon			
CLARENCE BRIGGS 111	Kelliove	(include city, state, and zip)	Remove		
307 ARUNDEL CT					
FAYETTEVILLE, NC 28311-1	152				
910-321-1200	1132				
910-321-1200					
b. Type of Contributor		b. Type of Contributor	101111111111111111111111111111111111111		
Political Party	in, initial operation of anim con	Political Party	checked, must specify b2 and b3)		
Other Political Committee (if checked					
Not-for-Profit (if checke	checked, must specify b1) checked, must specify b4)				
Other Source:	0 6980 - 41	Other Source:			
b1. Type of Committee		b1. Type of Committee			
Federal County: State Municipality:	Federal County: State Municipality:				
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number		
CHAIRMAN AND CHIEF					
EXECUTIVE OFFICER					
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment		
ADVANCED INTERNET	CHECK 408		•		
TECHNOLOGIES INC.					
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount		
10/23/2015	\$ 1000.00		\$		
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date		
1	\$ 1000.00		\$		
3. Total Contributions THIS Page	(sum all the '2f' entries on t	his page)	\$ 1000.00		
4. Total Contributions ALL Pages	(if multi-page, only list on p	page 1)	\$ 1000.00		
CERTIFICATION I certify that the Committee or Fund is of the NC General Statutes and that no report is complete, true, correct and tha more than 48 hours prior to this notice lalso be reported on the next scheduled of Alvin Marshall Printed Name of Signer	funds are commingled with part I have been trained by the Noteing filed. I understand that campaign disclosure report.	prohibited or other non-disclosed fun NC State Board of Elections. The con	ds. I further certify that this stributions were received no		