Disclosure Report Cover		Yes	
Use this fame for any and report and committee information must be gigned and submitted along with	other d	atailed for	me

Amendment

X No Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information 1. Committee Information c. ID Number a. Full Name KCE4J3 COMMITTEE TO ELECT CHALMERS L. MCDOUGALD d. Date Filed b. Mailing Address (include City, State and Zip Code) 1826 EICHELBERGER DR 01/29/2016 **FAYETTEVILLE, NC 28303** e. Phone Number 910-488-4635201 4. Period End Date 5. Treasurer Full Name 2. Report Year 3. Period Start Date (mm/dd/yy) (mm/dd/yy) **ALVIN MARSHALL** 12/31/2015 2015 10/20/2015 6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category) Municipal State/County Referendum Candidate Campaign Party Organizational Organizational Organizational PAC Referendum Independent Pre-referendum Thirty-five day Quarterly Joint Fundraiser Expenditure Legal Expense Fund Final 7. Type of Fund First (if applicable, check one) Pre-primary Supplemental Final Pre-election Second "Booster Fund" Annual Pre-runoff Third **Building Fund** Fourth Special Semi-annual Mid Year Semi-annual Year End Mid Year 10. Special Report Name Other: Final Year End 8. Number of Fundraisers this Report Special Final Special 11. Account Information 11. Account Information a. Financial Institution Full Name a. Financial Institution Full Name **CARTER BANK & TRUST** b. Purpose c. Account Code c. Account Code b. Purpose **CAMPAIGN ACC** 1 FOR RECEIPTS d. Period Begin Balance d. Period Begin Balance AND **EXPENDITURES** \$ 2626.49

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. 01/29/2016

ALVIN MAKSHALL	my menter	01/2//2010
Printed Name of Signer	/ Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY Date Received: JAN 2 9 2016	Employee: Ah	Delivery Method Normal Mail
Date Postmarked:	Employee:	Registered Mail Hand Delivered
Date Scanned:	Employee:	☐ Electronically Filed ☐ Signer has not received
Date Data Entered:	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 No

Detailed SummaryUse 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 SEMI-ANNUAL	The second second		3. ID N KCE4J3	
MCDOUGALD Start of Election Cycle: January 1,	YEAR END 2015		Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start		\$	2730.69	\$	415.02
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$	1350.00
6) Contributions from Individuals	(CRO-1210)	\$	1375.00	\$	8365.00
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	0
8) Contributions from Other Political Committees	(CRO-1230)	\$	200.00	\$	400.00
9) Loan Proceeds	(CRO-1410)	\$	0	\$	0
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	0	\$	0
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	\$	0
11b) Contributions from Not-for-Profit Organiza	tions (CRO-1250)	\$	0	\$	0
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$	0
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	0	\$	0
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	\$	0
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b,	IIc, IId and IIe)	\$	1,575.00	\$	10,115.00
EXPENDITURES		1			
(3) Disbursements	A A HOUSE BOTH OF THE CONTROL OF THE				
13a) Operating Expenditures	23 3GROSHO)	\$	2,170.00	\$	8394.33
13b) Contributions to Candidates/Political Comm	ttees (CRO-1310)	\$	100.00	\$	100.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$	
4) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$	
(5) Loan Repayments	(CRO-1420)	\$		\$	
6) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$	
7) In-Kind Contributions	(CRO-1510)	\$		\$	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13, 14.			2,270.00	\$	8,494.33
9) Cash on Hand at End (Add lines 4 and 12 together, then a		<u>\$</u>	2,035.69	\$	2,035.69
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	0		
1) Outstanding Loans (incl. ones from other campaignees)	gns) <i>(CRO-1430)</i>	\$	0		
2) Debts and Obligations owed By the Committee	(CRO-1610)	\$	0		
3) Debts and Obligations owed To the Committee	(CRO-1620)	\$	0		
	(CRO-1720)	\$	0		
- A STATE OF THE PROPERTY OF T		\$	0	\$	0
5) Administrative Support	(CRO-1710)		2.07	_	
6) Forgiven Loans	(CRO-1440)	\$	0	\$	0
7) 48-Hour Notice Reports Sum	(CRO-2200)	\$	0	\$	0
8) Contributions to be Refunded	(CRO-1215)	\$	0	\$	0

		n Individuals			Pg	_1 of		Yes	No No	
Use this form to report individual contributions over \$50 or contributions under \$50 if form CR										
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. Contr	ibutor Informatio	on		Add Remove						
	ne, Mailing Address &	& Phone		b. Job Title/Pi	CONTRACTOR OF THE PROPERTY OF	GIVIED	d. Commen	ts		
	city, state, & zip) NCE BRIGGS III			CHAIRMA EXECUTIV						
	NDEL CT			c. Employer's			-			
	EVILLE, NC 283	11-1152		ADVANCI						
910-321-1200			TECHNOL	OGIES		e. Election S	Sum to Date			
							\$	1000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-F	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount		
	1	CHECK 408				10/23/2	2015	\$	1000.00	
								\$		
								\$		
3. Contri	butor Informatio	n		Add 🗌	Rem	iove				
a. Full Name, Mailing Address & Phone				b. Job Title/Pi	ofession		d. Commen	ts		
	city, state, & zip)	To an a second with a second way of the second will be a second with a s		RETIRED						
252 BON	EY MCDONALD			c. Employer's	Name/Sne	eific Field	-	C	Di	
	EVILLE, NC 283	03								
910-864-							e. Election S	Sum to Date	()	
							\$	25.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	Kind Description		j. Date (mm/dd/y	ууу)	k. Amount		
	ĺ	CASH				10/28/2	2015	\$	25.00	
								\$		
								\$,	
	butor Informatio			Add	Rem	iove				
	ne, Mailing Address &	2 Phone		b. Job Title/Pr	ofession		d. Commen	ts		
Coy E. Bi	city, state, & zip)			Lawyer						
214 Dick				c. Employer's	Name/Spe	cific Field				
	lle, NC 28301			SELF-EMP	LOYED					
(910) 339	-4375						e. Election S	Sum to Date		
							\$	350.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description		j. Date (mm/dd/y	ууу)	k. Amount		
	1	CHECK 804				11/03/2	2015	\$	350.00	
								\$		
								\$		
4. Total	only this Page	•					\$		1,375.00	
5. Total	of ALL CRO-	-1210 Pages					\$		1,375.00	
(This line	(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Amendment

committees and	report expenditures coordinated party ex	ependitures.	Pg ee for; operating expenses,	1 of contributions to	candidate/political		
1. Committee F	full Name (and Fun	d if applicable)			2. ID Number		
	TO ELECT CHALM				KCE4J3		
3. Type of Disb	CHAPTER AND ADDRESS OF THE PARTY OF THE PART	THE RESERVE OF THE PROPERTY OF	RO-1310 forms for each t				
Operating F		Contributions to Car	ndidates/Political Committees	Remove	oordinated Party Expenditures		
4. Payee Inform			Add b. Coordinated Committee No.		d. Comments		
(include city, state,	ing Address & Phone		by Coordinated Committee 11				
WIDU RADIO	ш иру	THE WINDS IN THE COURSE					
1338 BRAGG I	BLVD		c. Level Registered (Specify)				
FAYETTEVIL	LE, NC		Federal	County:			
910-483-6111			State 🖂	Municipality:	e. Election Sum to Date		
					\$ 600.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	DEBIT CARD	0	10/26/2015	\$600.00	ADVERTISEMENT		
				\$			
4. Payee Inform	ation		Add	Remove			
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state, & zip) HAZEL BAKER 2000 MURCHISON RD FAYETTEVILLE, NC 28301		c. Level Registered (Specify) Federal	County:				
910-822-1244			State Municipality:		e. Election Sum to Date		
					\$ 420.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK 2069	О	10/30/2015	\$300.00	CAMPAIGN WORKER		
1	CHECK 2072	0	11/03/2015	\$120.00	CAMPAIGN WORKER		
4. Payee Inform	ation		Add	Remove			
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state,							
LOUISE C. MC			c. Level Registered (Specify)	19.14(1) × 17.2 + 17.			
FAYETTEVILI			Federal	County:			
910-488-2887	,		State 🖂	Municipality:	e. Election Sum to Date		
					\$ 420.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK 2070	О	10/30/2015	\$360.00	CAMPAIGN WORKER		
1	CHECK 2071	0	11/03/2015	\$120.00	CAMPAIGN WORKER		
5. Total only th					\$ 1,440.00		
6. Total of ALL	CRO-1310 Pages				14		
(This line goes in	line 13b of Detailed Sun	umary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic		\$ 2170.00		
			(h.) above)	res)			
7. Purpose Cod	es (List detailed exp	penaiture code in	(II.) adove)				

C* - Fundraising

G - Political Party

K* - Office Expenses

A* - Media E - Salaries I - Postage

O* - Other

B* - Printing
F* - Equipment
J - Penalties

D - To Another Candidate

H* - Holding Public Office Expenses

					Amer	idment		
Disbursements	Pg	<u>2</u>	of	<u>3</u>		Yes	\boxtimes	N
Use this form to report expenditures from the committee for; operating	expenses	, contrib	utions to	candio	date/polit	ical		
committees and coordinated party expenditures.								
1 Compiler Full Name (and Fund if applicable)					2 10	Numbar		

1. Committee F	2. ID Number						
COMMITTEE	TO ELECT CHALN	MERS L. MCDOU	JGALD		KCE4J3		
3. Type of Disb	ursement (Plea	ise use separate (CRO-1310 forms for each t	ype of Disbursen	nent.)		
Operating E	Expenses	Contributions to Ca	ndidates/Political Committees	□ Co	oordinated Party Expenditures		
4. Payee Inform	nation		Add	Remove			
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state, MARY SIMM(& zip)						
413 SIMMONS			c. Level Registered (Specify)				
FAYETTEVIL	LE, NC 28301		Federal	County:			
910-486-0255			State 🖂	Municipality:	e. Election Sum to Date		
					\$ 120.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK 2073	0	11/03/2015	\$120.00	CAMPAIGN WORKER		
				\$			
4. Payee Inform	nation		Add	Remove			
THE PROPERTY OF THE PARTY OF TH	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state, NANCY FORD	& zip)						
6560 VINEYAI	RD DRIVE		c. Level Registered (Specify)				
FAYETTEVIL	LE, NC 28301		Federal	County:			
910-423-4867			State 🖂	Municipality:	e. Election Sum to Date		
					\$ 120.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK 2074	О	11/03/2015	\$120.00	CAMPAIGN WORKER		
				\$			
4. Payee Inform	ation		Add	Remove			
Control of the Association and Association	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments		
(include city, state, NERO COLEM	& zip)						
P.O. BOX 1136			c. Level Registered (Specify)				
FAYETTEVILI	LE, NC 28302		Federal	County:			
910-826-8771			State 🖂	Municipality:	e. Election Sum to Date		
					\$ 120.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1	CHECK 2075	О	11/03/2015	\$120.00	CAMPAIGN WORKER		
				\$			
5. Total only th	is Page				\$ 360.00		
	CRO-1310 Pages						
(This line goes in (This line goes in	line 13a of Detailed Sun line 13b of Detailed Sun	umary Page CRO-110	0 if Operating Expenses) 0 if Contrib to Candidates/Politic		\$ 2170.00		
	The second secon		0 if Coordinated Party Expenditu	ires)			
	es (List detailed ex	penditure code in C* - Fun		D - To Anoti	her Candidate		
A* - Media E - Salaries I - Postage O* - Other	B* - Printing F* - Equipment J - Penalties	G - Politi		H* - Holding	g Public Office Expenses on to Legal Expense Fund		
	e detailed explanat	ion in required r	emarks field (k)				

D. .					Amendment
Disbursem		= -	Pg	<u>3</u> of	
			tee for; operating expenses,	, contributions to c	candidate/political
	coordinated party ex 'ull Name (and Fun	Name and Address of the Owner, where the Owner, which is		Media Arma Bay (1991)	2. ID Number
	TO ELECT CHALM		IGALD		KCE4J3
3. Type of Disbi	AND THE RESIDENCE OF THE PARTY		CRO-1310 forms for each t	type of Disbursem	
Operating E	CARGO CONTRACTOR DE LA		ndidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
MARION CAM	IPBELL				
300 WALTER I			c. Level Registered (Specify)		4
RAEFORD, NO	28376		Federal	County:	
910-826-8771			State 🖂	Municipality:	e. Election Sum to Date
					\$ 120.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK 2001	О	11/03/2015 \$120.00		CAMPAIGN WORKER
				\$	
4. Payee Inform	lation		Add	Remove	
Full Name, Mailing Address & Phone		b. Coordinated Committee Na	ame	d. Comments	
(include city, state,			The second secon		
KEVIN MARSI	- Comment of the Comm]
1825 EICHELB	ERGER DR		c. Level Registered (Specify)]
FAYETTEVILL	LE, NC 28303		Federal County:		
910-822-4479			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
1	CHECK 2003	0	11/04/2015	\$250.00	CAMPAIGN WORKER
				\$	
4. Payee Inform	ation		Add	Remove	
THE REPORT OF THE PROPERTY OF THE PARTY OF T	ng Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
			c. Level Registered (Specify)		1
			☐ Federal ☐	County:	1
			State	Municipality:	e. Election Sum to Date
					0
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only thi	ie Page				\$ 370.00
	CRO-1310 Pages	N. T. VISTORIO MITE			
(This line goes in	line 13a of Detailed Sun		0 if Operating Expenses) 0 if Contrib to Candidates/Politic	cal Comm)	\$ 2170.00

7. Purpose Codes (List detailed expenditure code in (h.) above)

J - Penalties

A* - Media B* - Printing C* - Fundraising
E - Salaries F* - Equipment G - Political Party

(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

aising D - To Another Candidate

H* - Holding Public Office Expenses Q* - Donation to Legal Expense Fund

I - Postage O* - Other K* - Office Expenses

					Amen	dment		
Disbursements	Pg	1	of	1		Yes	\bowtie	N
Use this form to report expenditures from the committee for; operating	g expenses,	contrib	utions to	candi	date/politi	cal		

committees and coordinated party expenditures. 1. Committee Full Name (and Fund if applicable) 2. ID Number COMMITTEE TO ELECT CHALMERS L. MCDOUGALD KCE4J3 (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Contributions to Candidates/Political Committees Coordinated Party Expenditures Operating Expenses Add Remove 4. Payee Information d. Comments a. Full Name, Mailing Address & Phone b. Coordinated Committee Name (include city, state, & zip) COMMITTEE TO ELECT CHRIS RAY c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date State 100.00 h. Purpose Code k. Required Remarks f. Account Code g. Form of Payment i. Date (mm/dd/yyyy) j. Amount **CAMPAIGN** 24 NOV 2015 \$100.00 **CHECK 2004** D CONTRIBUTION \$ Remove Add 4. Payee Information b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date State \$ h. Purpose Code j. Amount k. Required Remarks i. Date (mm/dd/yyyy) g. Form of Payment f. Account Code \$ Remove 4. Payee Information Add b. Coordinated Committee Name d. Comments a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: e. Election Sum to Date State Municipality: h. Purpose Code k. Required Remarks g. Form of Payment i. Date (mm/dd/yyyy) j. Amount f. Account Code \$ \$ 100.00 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) 100.00 \$ (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) D - To Another Candidate B* - Printing C* - Fundraising A* - Media H* - Holding Public Office Expenses G - Political Party E - Salaries F* - Equipment K* - Office Expenses Q* - Donation to Legal Expense Fund I - Postage J - Penalties O* - Other * Codes require detailed explanation in required remarks field (k)

Contributions from Other Political Committees

			Amei	ndment	
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)								2. ID Number		
COMMITTEE TO	O ELECT CHALMERS L. MCD	OUGALE)					KCE4J3		
3. Contributor In			Add		Remo	ove				
a. Full Name, Mailing (include city, state, COMMITTEE TO 4200 MORGANT SUITE 100	, & zip) O ELECT BILLY RICHARDSO	N		of Committee Candidate Referendu Registered (S Federal	ım [PAC County:	d. Con	nments	
FAYETTEVILLE 910-623-0316	E, NC 28314			State	[Municipality:	e. Elec	tion Sum to Da	ate
f. Account Code	g. Form of Payment	b. In-Kin	nd Description		i	i. Date	e (mm/dd/yyyy)	j. Amount	
1	CHECK 1010						10/22/2015		\$ 200	.00
									\$	
3. Contributor In	formation		Add		Remo	ove				
a. Full Name, Mailing				of Committee	A SECTION OF			d. Com	ıments	
(include city, state,	& zip)		c. Level	Candidate Referendur Registered (Sp	m		PAC			
				Federal State	[County: Municipality:	e. Elect	tion Sum to Da	ite
f. Account Code	g. Form of Payment	h. In-Kin	nd Description i. Date (mm/do		(mm/dd/yyyy))	j. Amount			
									\$	
									\$	
									\$	T
3. Contributor In			Add		Remo	ove				
a. Full Name, Mailing (include city, state, o				of Committee Candidate Referendur Registered (Sp	m [PAC	d. Com	ments	
į				Federal State	L		County: Municipality:	a Floor	tion Sum to Da	1.
				State	L		Municipanty.	\$	1011 Still 10 Da	te
f. Account Code	g. Form of Payment	b. In-Kind	d Descriptio	n	i.	. Date	(mm/dd/yyyy)		j. Amount	
									\$	
									\$	
									\$ 200.00	
4. Total only this								\$	200.00	
5. Total of ALL C (This line must be on	CRO-1230 Pages n line 8 of Detailed Summary Page CRO)-1100)						\$		

Disclosure Report Cover			}
Heathia farm for ganaral raport and committee information	must be signed and submitted along with of	ner d	ets

Amendment			
☐ Yes	\boxtimes	No	

Jse this form for general report and committee information, must be signed and submitted along with other detailed forms.

	to update information				
1. Committee Inform	mation				
a. Full Name					c. ID Number
COMMITTEE TO E	ELECT CHALMERS L. MO	CDOUGALD			KCE4J3
b. Mailing Address (inclu	ude City, State and Zip Code)				d. Date Filed
1826 EICHELBERG FAYETTEVILLE, N				0.00	01/29/2016
TAIDIIDIIDE, .	VC 20303				e. Phone Number
					910-488-4635201
					910-400-4033201
2. Report Year	3. Period Start Date (mm/d	dd/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Fu	
2015	10/20/2015	12/3	31/2015	ALVIN MARSI	HALL
6. Type of Committee	ee (Check One)	9. Type of Report	(check on	ly one type of repo	ort from one category)
Candidate Campa		Municipal	State/C		Referendum
PAC PAC	Referendum	Organizational		Organizational	Organizational
Independent			1 —	Quarterly	Pre-referendum
Expenditure	Expenditure Some Fundament		'	Quarterry	
	The state of the s	Dro primary		First	Final
7. Type of Fund	(if applicable, check one)	Pre-primary Pre-election	ᅵ님	Second	Supplemental Final
	"Booster Fund"		IH	Third	Annual
Building Fund		Pre-runoff Semi-annual	一十	Fourth	Special
		Mid Year Semi-annual		<u> Бреени</u>	
Other		Year End		Mid Year	10. Special Report Name
Other:		Final	' IH	Year End	To openin Asportant
8. Number of Fundraisers this Report		Special	IH,	Final	1
8. Number of Funds	aisers this Report	П эрсын			
	0			Special	
11. Account Informa		11. Account Information			
a. Financial Institution F			a. Financiai Inst	titution Full Name	
CARTER BANK &			1 7	THE PROPERTY OF THE PARTY OF TH	c. Account Code
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN ACC	1				
FOR RECEIPTS	1 Paried Pagin Relance	ZERATIONIN' TOUCHY THE AND	-		d. Period Begin Balance
AND EXPENDITURES	d. Period Begin Balance \$ 2626.49				\$
	Ø 2020.12				
CERTIFICATION					
I certify that the Com	mittee or Fund is in compli	ance with all applica	able provisions	of Article 22A, 22	B, & 22D-22M of Chapter 163 of
the NC General Statu	ites and that no funds are co	mmingled with proh	nibited or other i	non-disclosed fund	ds. I further certify that this report
is complete, true and	correct and that I have been	trained by the NC S	State Board of F	Elections.	
ALVIN MA		1	en fless	rel	01/29/2016
	Printed Name of Signer	/ S	ignature of Appoint	ted Treasurer	Date
FOR OFFICE USE O	NLY		1	1,	5 " - M.J.J
Date Received:	JAN 2 9 2016	Employee:	1-4		Delivery Method Normal Mail
D. G. Deatmorked		Employee			Registered Mail
Date Postmarked		Employee:			Hand Delivered
Data Scanned		Employee:			Electronically Filed
Date Scanned:		Employee.			Signer has not received
Date Data Entere	ed:	Employee:			mandatory training
Please Note: This	s form cannot be used to an	nend committee info	rmation 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 Yes \boxtimes No

Detailed SummaryUse 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. MCDOUGALD	2. Type of Report SEMI-ANNUAL YEAR END			3. ID Number KCE4J3		
Start of Election Cycle: January 1,	2015		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$	2730.69	\$	415.02	
RECEIPTS						
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	0	\$	1350.00	
6) Contributions from Individuals	(CRO-1210)	\$	1375.00	\$	8365.00	
7) Contributions from Political Party Committees	(CRO-1220)	\$	0	\$	0	
8) Contributions from Other Political Committees	(CRO-1230)	\$	200.00	\$	400.00	
9) Loan Proceeds	(CRO-1410)	\$	0	\$	0	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	0	\$	0	
11) Other Receipt Sources						
11a) Interest on Bank Accounts	(CRO-1250)	\$	0	\$	0	
11b) Contributions from Not-for-Profit Organi	zations (CRO-1250)	\$	0	\$	0	
11c) Outside Sources of Income	(CRO-1250)	\$	0	\$	0	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	0	\$	0	
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	0	\$	0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11	b, 11c, 11d and 11e)	\$	1,575.00	\$	10,115.00	
EXPENDITURES						
13) Disbursements	PACEAN IN SOCIAL MANAGEMENT AS SOCIAL PROPERTY AS SOCIAL					
13a) Operating Expenditures	23 ЗСКОДНО)	\$	2,170.00	\$	8394.33	
13b) Contributions to Candidates/Political Con	mittees (CRO-1310)	\$	100.00	\$	100.00	
13c) Coordinated Party Expenditures	(CRO-1310)	\$		\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$		\$		
15) Loan Repayments	(CRO-1420)	\$		\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$		\$		
17) In-Kind Contributions	(CRO-1510)	\$		\$		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13	14, 15, 16 and 73, 30, 00	\$	2,270.00	\$	8,494.33	
19) Cash on Hand at End (Add lines 4 and 12 together,		9	2,035.69	\$	2,035.69	
ADDITIONAL INFORMATION						
20) Non-Monetary Gifts Given to Other Committee	es <i>(CRO-1330)</i>	\$	0			
21) Outstanding Loans (incl. ones from other camp		\$	0			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	0			
23) Debts and Obligations owed To the Committee		\$	0			
24) Account Transfers Within the Committee	(CRO-1720)	\$	0			
Haran Manager Company (194	(CRO-1710)	\$	0	\$	0	
	(CRO-1440)	\$	0	\$	0	
26) Forgiven Loans		-				
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	0	\$	0	
28) Contributions to be Refunded	(CRO-1215)	\$	0	\$	0	

		m Individuals	e c	Pg			Yes	No
The second secon	THE RESERVE OF THE PARTY OF THE	ividual contributions (0 or contributions und	der \$50 if form Cr	2. ID Nur	AND DESCRIPTION OF THE PARTY OF	
						4. ID 1101	<u> </u>	MANUFER WEST
СОММІ	TTEE TO ELECT	CHALMERS L. MC					KCE4J3	
	ributor Informati				emove			
	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	ts	
	e city, state, & zip) NCE BRIGGS III			CHAIRMAN AND EXECUTIVE OF				
	UNDEL CT			c. Employer's Name/S		-		
	TEVILLE, NC 283	311-1152		ADVANCED INT	TERNET			
910-321-	-1200			TECHNOLOGIES	S	e. Election S	Sum to Date	
						\$	1000.00	
f. Prior	g. Account Code	h. Form of Payment	i, In-I	L Kind Description	j. Date (mm/dd/y		k. Amount	
	1	CHECK 408			10/23/2	2015	\$	1000.00
							\$	
П		 					\$	
3. Contr	ibutor Informatio	nn.		Add Re	move			
	me, Mailing Address			b. Job Title/Profession		d. Comment	ts	1
	city, state, & zip)			RETIRED			25.	
	EY MCDONALD						•	E-MI
	252 BONANZ DR			c. Employer's Name/S	(PD)			
	FAYETTEVILLE, NC 28303			771 41 6				
910-864-	4650					e. Election S		
						\$	25.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	1	CASH			10/28/2	2015	\$	25.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Re	move			
a. Full Nan	me, Mailing Address &	& Phone		b. Job Title/Profession		d. Comment	S	
	city, state, & zip)			Lawyer				
Coy E. B						-		
214 Dick				c. Employer's Name/Sp	-			
(910) 339	ille, NC 28301			SELF-EMPLOYE	D	e. Election Sum to Date		
(910) 335	7-4373							
	1	I. n. cn.	T.,,		1 Data (/14/	\$	350.00	
f. Prior	g. Account Code	h. Form of Payment	I. In-K	Kind Description	j. Date (mm/dd/yy	manus v	k. Amount	350.00
	-1	CHECK 804			11/03/2	.015	1800	330.00
							\$	
Ц							\$	
	l only this Page					\$		1,375.00
	l of ALL CRO	-1210 Pages Detailed Summary Page C	RO-1100)		\$		1,375.00

Amendment

D' L	1				Amendment
Disbursem		a de la completa	Pg	1 of	
	o report expenditures I coordinated party ex		tee for; operating expenses,	, contributions to	candidate/political
	i coordinated party ex Full Name (and Fun	Marie Committee of the			2. ID Number
	TO ELECT CHALM		IGALD		KCE4J3
3. Type of Dish			CRO-1310 forms for each t	tyne of Disburse	
Operating I			andidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ling Address & Phone		b. Coordinated Committee N	lame	d. Comments
(include city, state,	e, & zip)				
WIDU RADIO					
1338 BRAGG			c. Level Registered (Specify)		
FAYETTEVIL	LE, NC		Federal State	County:	e. Election Sum to Date
910-483-6111			State 🖂	Municipality:	K 89 to 4000
					\$ 600.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		The state of the s		10 P	ADVERTISEMENT
1	DEBIT CARD	0	10/26/2015	\$600.00	<u> </u>
				\$	
Inform	•				
4. Payee Inform			Add b. Coordinated Committee Na	Remove	d. Comments
	ling Address & Phone		D. Coordinated Committee	ame	U. Comments
(include city, state, HAZEL BAKE		211-14-12-12-12-12-12-12-12-12-12-12-12-12-12-	4		
	2000 MURCHISON RD		c. Level Registered (Specify)		
FAYETTEVILLE, NC 28301		Federal Federal	County:		
910-822-1244	DD, 110 2000 -		State	Municipality:	e. Election Sum to Date
					\$ 420.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
		A STATE OF THE STA		742	CAMPAIGN WORKER
1	CHECK 2069	0	10/30/2015	\$300.00	Service Committee (Committee Committee) (Committee Committee Commi
1	CHECK 2072	0	11/03/2015	\$120.00	CAMPAIGN WORKER
4. Payee Inforn			Add	Remove	
	ling Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,			4		
LOUISE C. MC			c. Level Registered (Specify)		
1518 SWAINE FAYETTEVILI			G. Level Registered (Specily)	County:	-
910-488-2887	LE, NC 20303		State	Municipality:	e. Election Sum to Date
910-400-2007			State	Municipanty.	
					\$ 420.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK 2070	0	10/30/2015	\$360.00	CAMPAIGN WORKER
1	CHECK 2070		10/30/2015	φ300.00	
1	CHECK 2071	О	11/03/2015	\$120.00	CAMPAIGN WORKER
5. Total only th	is Page				\$ 1,440.00
6. Total of ALL	CRO-1310 Pages				
100	ı line 13a of Detailed Sum				\$ 2170.00
			00 if Contrib to Candidates/Politic		2
			0 if Coordinated Party Expenditu	ires)	
	les (List detailed exp	penditure code in (C* - Fund		P To Anot	her Candidate
A* - Media E - Salaries	B* - Printing F* - Equipment				g Public Office Expenses
				Listania Maria	8

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

F* - Equipment
J - Penalties

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

K* - Office Expenses

			Pg tee for; operating expenses,		Amendment 3
	Full Name (and Fun				2. ID Number
	TO ELECT CHALM		CONTRACTOR STATE AND ADDRESS OF THE PARTY OF		KCE4J3
3. Type of Disb	CLASS DOLLARS SECTION AND SECTION AND SECTION ASSESSMENT		CRO-1310 forms for each t		
Operating E		Contributions to Ca	andidates/Political Committees		ordinated Party Expenditures
4. Payee Inform			Add b. Coordinated Committee N	Remove	d. Comments
a. Full Name, Mail (include city, state,	ling Address & Phone		D. Coordinated Committee Iv	ame	d. Comments
MARY SIMMO		The state of the s	1		
413 SIMMONS			c. Level Registered (Specify)		1
FAYETTEVIL	LE, NC 28301		Federal	County:	
910-486-0255			State 🖂	Municipality:	e. Election Sum to Date
					\$ 120.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK 2073	0	11/03/2015	\$120.00	CAMPAIGN WORKER
				\$	
4. Payee Inform	nation		Add	Remove	
	ling Address & Phone		b. Coordinated Committee Na	ame	d. Comments
NANCY FORD 6560 VINEYAL FAYETTEVILI 910-423-4867	RD DRIVE		c. Level Registered (Specify) Federal State	County: Municipality:	e. Election Sum to Date \$ 120.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK 2074	0	11/03/2015	\$120.00	CAMPAIGN WORKER
				\$	
4. Payee Inform			Add	Remove	d. Comments
a. Full Name, Maili (include city, state, NERO COLEM P.O. BOX 1136 FAYETTEVILI 910-826-8771	1AN 5		c. Level Registered (Specify) Federal State State	County: Municipality:	c. Election Sum to Date \$ 120.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK 2075	O	11/03/2015	\$120.00	CAMPAIGN WORKER
				\$	
5. Total only th	is Page				\$ 360.00
6. Total of ALL (This line goes in (This line goes in	CRO-1310 Pages tine 13a of Detailed Sum tine 13b of Detailed Sum	nmary Page CRO-110	00 if Operating Expenses) 00 if Contrib to Candidates/Politic 00 if Coordinated Party Expendity		\$ 2170.00

CRO-1310

O* - Other

A* - Media

E - Salaries I - Postage

7. Purpose Codes (List detailed expenditure code in (h.) above)

B* - Printing F* - Equipment

J - Penalties

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Disbursem	ents		Pg	<u>3</u> of	Amendment 3 Yes No
			tee for; operating expenses,	contributions to	candidate/political
	coordinated party ex full Name (and Fun				2. ID Number
	TO ELECT CHALN		JGALD		KCE4J3
3. Type of Disb			CRO-1310 forms for each t	ype of Disburse	ment.)
Operating E			ndidates/Political Committees		Coordinated Party Expenditures
4. Payee Inform			Add	Remove	
	ing Address & Phone		b. Coordinated Committee N	ame	d. Comments
(include city, state, MARION CAM			-		
300 WALTER			c. Level Registered (Specify)		
RAEFORD, NO			Federal	County:	
910-826-8771			State 🖂	Municipality:	e. Election Sum to Date
					\$ 120.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
1	CHECK 2001	О	11/03/2015	\$120.00	CAMPAIGN WORKER
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Mail	ing Address & Phone		b. Coordinated Committee Na	ame	d. Comments
(include city, state,					
KEVIN MARS			a Lavel Decistored (Specify)		_
1825 EICHELE FAYETTEVILI			c. Level Registered (Specify)	County:	-
910-822-4479	LL, NC 20303		State	Municipality:	e. Election Sum to Date
2.0 000 1112					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
i. Account Code				Visite and the lates	CAMPAIGN WORKER
1	CHECK 2003	0	11/04/2015	\$250.00	ASSESSED OF THE PROPERTY OF TH
				\$	
4. Payee Inform	nation		Add	Remove	
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na	ıme	d. Comments
(include city, state,	& zip)				
			c. Level Registered (Specify)		-
			Federal	County:	7
			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 the	a Doma				\$ 370.00
5. Total only thi	CRO-1310 Pages				370.00
		mary Page CRO-110	0 if Operating Expenses)		\$ 2170.00
			0 if Contrib to Candidates/Politic 0 if Coordinated Party Expenditu		\$ 2170.00
The second secon	es (List detailed ex				
A* - Media	B* - Printing	C* - Fund	Iraising		her Candidate
E - Salaries I - Postage O* - Other	F* - Equipment J - Penalties	G - Politic K* - Offic	cal Party ce Expenses		g Public Office Expenses on to Legal Expense Fund

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

			Pg tee for; operating expenses,	1 of , contributions to			
	Full Name (and Fun				2. ID Number		
	TO ELECT CHALM	THE RESERVE THE PROPERTY OF THE PARTY OF THE			KCE4J3		
3. Type of Dish			CRO-1310 forms for each i				
Operating 1		Contributions to Ca	andidates/Political Committees	Remove	oordinated Party Expenditures		
4. Payce Inform	CONTRACTOR		Add b. Coordinated Committee N	d. Comments			
(include city, state	ling Address & Phone , & zip) TO ELECT CHRIS	RAY	c. Level Registered (Specify)	ашс	U. Comments		
			Federal State	County: Municipality:	e. Election Sum to Date		
					\$ 100.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
1,	CHECK 2004	D	24 NOV 2015 \$100.00		CAMPAIGN CONTRIBUTION		
				\$			
4. Payee Inform	nation		Add	Remove			
THE RESERVE	ing Address & Phone	b. Coordinated Committee N	ame	d. Comments			
(include city, state,	, & zip)						
			c. Level Registered (Specify) Federal State	County: 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		
				\$			
				\$			
4. Payee Inform	nation		Add	Remove			
COLUMN TO STATE OF THE STATE OF	ing Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,							
			c. Level Registered (Specify)				
			Federal	County:			
			State	Municipality:	c. 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 th	is Page			l	\$ 100.00		
	CRO-1310 Pages						
(This line goes in (This line goes in	line 13a of Detailed Sum line 13b of Detailed Sum	mary Page CRO-1100) if Contrib to Candidates/Politic		\$ 100.00		
	es (List detailed sum) if Coordinated Party Expenditu. (b.) above)	res)	The Control of the Co		
/ . I ui pose Cou	es (List uctaned ex)	Miditure Code III	ii. j duuvej				

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

B* - Printing

J - Penalties

F* - Equipment

A* - Media

E - Salaries

I - Postage

O* - Other

C* - Fundraising

G - Political Party

K* - Office Expenses

D - To Another Candidate

H* - Holding Public Office Expenses

Contributions from Other Political Committees P_{g} $\underline{1}$ of $\underline{1}$ Amendment \square Yes \boxtimes

No

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

	ull Name (and Fund if applicable						2. ID Number		
COMMITTEE T	TO ELECT CHALMERS L. MCD	OUGALD)					KCE4J3	}
3. Contributor In			Add		Remov	ve			
a. Full Name, Mailin				of Committee			d. Con	mments	
(include city, state,				Candidate		PAC			
	O ELECT BILLY RICHARDSO	N		Referendur	(S)(1)(V)		_		
4200 MORGAN' SUITE 100	TON KD		c. Levei	Registered (S _I Federal	pecity)	County:	-		
FAYETTEVILLI	F NC 28314			State	F	County: Municipality:	e Elec	ction Sum to Da	·ta
910-623-0316	D, NC 20314		KA	State		Within cipanity.			ite
							\$	200.00	
f. Account Code	g. Form of Payment	h. In-Kind	d Description	on	i.	Date (mm/dd/yyyy		j. Amount	
1	CHECK 1010					10/22/2015	5	\$ 200.	.00
								\$	
								\$	
3. Contributor In			Add		Remov	ve			
a. Full Name, Mailing			b. Type o	of Committee		7	d. Con	aments	
(include city, state,	& zip)		ᆛ님	Candidate Referendun		PAC			
			a Level	Referendun Registered (Sp			-		
				Federal	Teens,	County:			
		7		State	Ē	Municipality:	e. Elec	tion Sum to Da	te
						-	\$		
f. Account Code	g. Form of Payment	h. In-Kind	d Descriptio	on	i.	Date (mm/dd/yyyy	()	j. Amount	
								\$	
								\$	
								\$	
3. Contributor In			Add		Remov	ve			
a. Full Name, Mailing	- Control State of the Control of th		b. Type o	of Committee			d. Com	ments	
(include city, state,	& zip)			Candidate	L] PAC			
		1		Referendum			-		
		!	c. Level B	Registered (Spe Federal	ecify)	County:	-		
		!		State	F	Municipality:	e. Elect	tion Sum to Dat	la.
				Dinie] management	\$	Ion oun.	
f. Account Code	g. Form of Payment	h. In-Kind	l Descriptio	on	i. J	Date (mm/dd/yyyy)	L	j. Amount	
								\$	
								\$	
								\$	
4. Total only this	Page						\$	200.00	
5. Total of ALL C	CRO-1230 Pages								
	n line 8 of Detailed Summary Page CRO-	-1100)					\$		

April 2007